00

			20.	STATE DE	PARTM	ENT OF H	EALTH	-BAL	TIMORE,	18	099	07	
		991	1	CER	TIFIC	ATE OF D	EATH			Reg. Di	ist. No.	30	20
ì.	PLACE OF DEATH	shington		м	ARYLAND	2. USUAL RESID	ENCE (Whe		d lived. If institu b. COUNT	V	nce before		on)
	b. CITY OR TOWN (III RURAL and give ne H.E	outside corporale limit arest lown) agers town	s, write	c. LENGTH OF S		c. CITY OR TO		stown	rote limits, write	RURAL and	give near	est lown)	
	d. NAME OF HOSPIT OR INSTITUTION 2001 Vit	At (If not in hospitol, gi ginia Ave.	ive street as	7 4 4 4		d. STREET AC	DDRESS		Ave.,		•	ON A	FARM?
	NAME OF DECEASED (Type or print)	· Catheri		Mi	ddie 7	Adams		4. DATE OF DEATH	9	onth	13		57°
5.	female	6. COLOR OR RACE white	7. MARRIE	DIVO	RRIED	8. DATE OF BIRTH		375	9. AGE (In year last birthday)	Months	Days Days	Hours	R 24 HRS. Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE OWN HOME 11. BIRTHPLACE (Stote or foreign country) Frederick Co. Md. U.S.A. 13. FATHER'S NAME												COUNTRY?	
13.		llas Gave	er						song				
Dallas Gaver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 16 year, give wor or dolar of service) None Marion Adams . 2001 Va. Ave. Hagerstow											towr	ı. Md	
		mmediote (Hy	sauln		arter	my	rough	rtic o	randi y	5	YAL BET	DEATH
CERTIFICATION		S UNDERLYING				O. (Enter nature of				IVEN IN PAI	RT 1(0) 19	PERFOR	NO NO
MEDICAL CER	(IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour o.m.	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Yea	or 20d. IN. While at work	JURY OCCURRED Not while		ACE OF INJURY (Hickory, street, office		20f. (City	or town)	((County)		(Stote)
	21. I certify the alive and 3 certify and 3 certification and 3 ce	FFL US	decease 142		hat death	1957 accurred at 1 M.D. 23			n the causes brook city or low	and on t		state	deceased d above. TE SIGNED
220	BURIAL CREMATIO REMOVAL (Specify)	9-15-19		22c. NAME OF C	Have			20.00	rstown	, or county)		(Stole)
1	FUNERAL DIRECTOR BI	7 1 11/11/	rersvi	ADDRESS lle, Md	•		240. NEC'S	By REGIST	18AR 24b REC	ASTRAR'S S	GNATURI		ers

CENTRICATE OF DEATH

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9949 CEDTICIC ATE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, and 2 should be fited with M 00 may be retained by the hospital or attending physician.

TO FULCE I DIRECTOR: After this certificate has been signed by the attending physician and completely fill page. Should be detached for use as the burial-transit permit. Then please remove carbon papers. Page the registror prior to burial, cremation, or removal, and in any event within 72 hours after death.

09908

. 2747	CERTIFICA	IE OF DEATH		Reg. Dist. No.	2020
PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WINDO. STATE Md.	ere deceased lived. If institution b. COUNTY	Washingt	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Funkstown	49 yrs.	c. CITY OR TOWN (If or	utside corparote limits, write R	URAL and give near	est lown)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 24 E. Green St.,	7-0	d. STREET ADDRESS	reen St.,	•	IS RESIDENCE ON A FARM? YES NO 1
NAME OF First DECEASED	Middle	lost	4. DATE Mon OF DEATH Q	/	
		Angle . DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR	19 57 IF UNDER 24 HRS. Hours Min.
male white WIDOWED Do. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote of			WHAT COUNTRY?
retired Vic	tor Products	Claylic		U.S	,A.
Martin Luther Angle		The state of the s	a C. Hawbaker		
(es. no or unknown) [If yes, give wor or dotes of service]		FORMANT 5. Etha Angle	Funkstown,		
18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o). (b). and (c).]	Henry	nce	INTE	ELAND DEATH
33/X DUE TO	Attrui - A	lanci			10
Conditions, if ony, which gove rise to immediate couse (o), storing the under-lying couse lost.	70000	ou were	****		
PART II. OTHER SIGNIFICANT CONDITIONS CO	ENTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(0) 19	PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCI OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	ort 1 or Port II of item 18.}		
20c. TIME OF INJURY Month, Day, Year 20d. IN. Haur o. m. p. m. 19 of wark	Not while of work	CE OF INJURY (Home, form, ory, street, effice bldg., etc.	20f. (City or town)	(County)	(Stole)
21. I certify that I attended the decease alive on 195	d fram Slight C		M, from the causes of	ind on the dat	
ACTUAL SIGNATURE Setting No	versley	5. Jun	ADDRESS (Street, city or town,	201e]	9-11-5
PHYSICIAN'S 51 DAZY	NOVENS	TEIN			
Prime (Type)					
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 9-12-57	22c. NAME OF CEMETERY OR ROSE Hill	CREMATORY	22d. LOCATION (City, town, o	or county)	(Stote) Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4) 15M 9/55

48.31 PM ADDRESS ATTEMPT SEEDS AND THE special widers of administration Manual with Mills and Jersey Herrard, Mr. BUREAU V. S. · 135 T3 T32 T32 1021 Lin see Yearley All constraint and a bort

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Reg.	Dist.	No.	30	2
uall:	Shid at	114.	-	

	CE OF DEATH	ashington		MARYLAN		USUAL RESIDEN	Md.	re deceased l	lived. If instituti b. COUNTY		ingt	
	URAL and give no	· ·	ts, write	c LENGTH OF STAY IN 1	Ъ	12		side carporo	te limits, write R			t town)
0	R INSTITUTION	AL (If not in hospital, g		oddress)		d STREET ADD	RESS 2	17 Nor	th Locus	et St.	0.	IS RESIDENCE ON A FARM? 'ES NO
3. NAM		Fir Aman	st	Middle]	losi Bailey	1 1 1 1	4. DATE OF DEATH	Mon 9	ith	0ay 24	Yeor 1957
5. SEX	emale	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED [-	are of Birth	874	9	AGE (In years last birthday) 83 yrs.			UNDER 24 HRS.
h	UAL OCCUPATION TING MOST of Work OME duti	ing life, even if retired	done 10b.	kind of Business or in			. Co	. Md		12. CITI	U.S.	MHAT COUNTRY?
	Ja	cob Barnco	rd			S	arah	Denni	.s			
(Yes, no	or unknown)	R IN U. S. ARMED FOR	CES? 16. ervice)		7. INFO	RMANT	Barn	cord	Hagers		Md.	
44 C: g:	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Cerebral hemorphage 443 X DUE TO Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA											AL BETWEEN AND DEATH WK, lefinite was autopsy performed? ES NO
-	EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Ye		Not while	. PLACE	OF INJURY (Hor , street, affice bl	me, farm, ldg., etc.)	20f. (City o	or lawn)	,-	ounly)	(State)
ali AC SIG	TUAL SCIENATURE SIGNATURE STATURE STAT	18121	Lue	57, and that de	ath ad	148	:45F West	M, fram DORESS (Street Was)		and an the stote)	e date	the deceased stated abave. DATE SIGNED 25/57
220. 8U		9-27-5		22c. NAME OF CEMETER Broadfore					ON (City, town, oadfordi			(Slote) Md.
	eral director		gerst	ADDRESS own, Md.		24	REC'D	EY REGISTR	AR 246 REGI	STRAR'S SIG	NATURE BOCC	esso

requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FULL I DIRECTOR: After this certificate has been signed by the attending physician and campletely page actioned be detached for use as the burial-transit permit. Then please remove carbon papers. Pothe registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law VS A15 (4) 15M 9/55

in by the funeral director, and 2 shauld be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 9913 4ish director Poge 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE filed WASHINGTON MARYLAND WASHINGTON MARYLAND hours after death. 1013 pe b. CITY OR TOWN [If outside corporate limits, write C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town] should HAGERSTOWN KEEDYSVILLE RURAL d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS 24 WASHINGTON KEEDYSVILLE COHNTY C NAME OF Fiest 4. DATE Middle Lost DECEASED DEATHSEPTEMBER (Type or print) BARY 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthday) 5. SEX 8. DATE OF BIRTH DIVORCED [camplet WIDOWED popers. MALE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) deoth. during most of working life, even if retired) NONE oug HAGERSTOWN WASH.CO.MD after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion RALPH BAKER REMSBURG BERNICE ANN hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 2 ottending NONE THE 18. CAUSE OF DEATH [Enter only one couse per liner for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO that à Conditions, if ony, which (6) gned gove rise to immediate **DUE TO** couse (a), stating the underlying couse last and **burial-transit** been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING | CAUSE OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)
(IF EITHER, NOTHEY MEDICAL EXAMINER) MEDICAL SD 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d, INJURY OCCURRED Doy, Year 20f. (City or town) factory, street, effice bldg., etc. Hour a.m. While Not while at work p. m of work 21. I certify that I attended the deceased from and that death accurred at 12 alive an DIRECTOR: del ACTUAL SIGNATURE ould HOSPITAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 5 REMOVAL (Specify) BURIAL 0 MOUNTAIN

ADDRESS

5 VS A15 (4) 15M 9/55

231×V5

23. FUNERAL DIRECTOR'S SIGNATURE

Reg. Dist. No.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

105

Doys

MD.R 1.

e. IS RESIDENCE ON A FARM?

YES NO

Year

19

Min.

INTERVAL BETWEEN ONSET AND DEATH PERFORMEDY YES A NO (County) (Stote) 19______ that I last saw the deceased Man from the causes and an the date stated above. ADDRESS (Street, city or fown, state DATE SIGNED 22d. LOCATION (City, town, or county) (State) SHARPSRURG WASH CO. MD 24b REGISTRAR'S SIGNATURE 240 MECLD BY REGISTRAR

Month

Address

Months

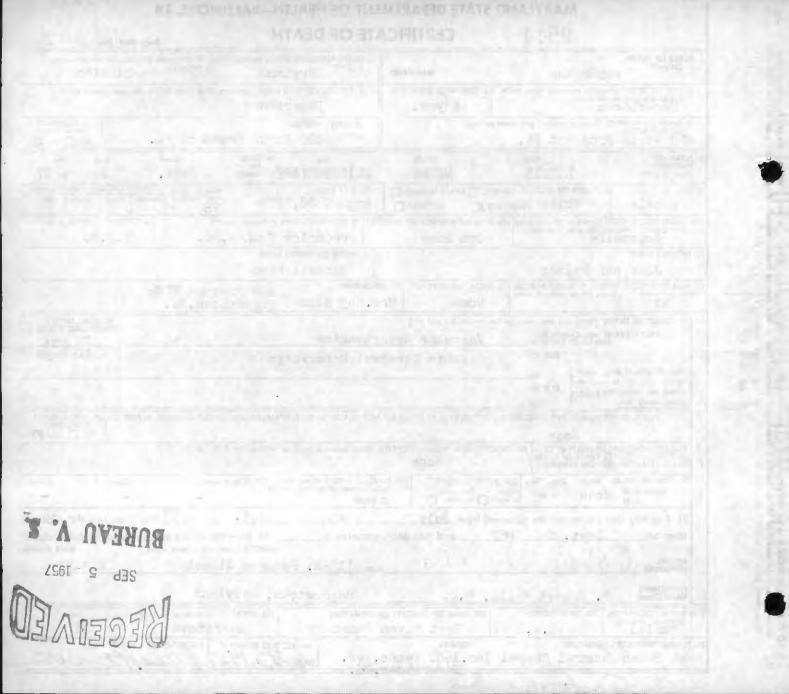
BUREAU V. S.

SEP IS 1957

		9914	CERTIFICA	ATE OF DEATH		Reg. Dist. N	502
1	1. !	PLACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	ion: Residence be	efore admission)
		RURAL and give nearest town)	thof stay in 16	c. CITY OR TOWN (If our Hagers	tside corporate limits, write f	RURAL ond give r	negrest town)
00		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SZO North Prospect St.		d. STREET ADDRESS / 620 Not	rth Prospect (St.	e. IS RESIDENCE ON A FARM? YES NO K
	3.	NAME OF First DECEASED Type or print) LIZZIE	MAUDE	BLICKENSTAFF	4. DATE Moi OF DEATH Sept		Day Year 2 19 57
	S. 5	Female White WIDOWED	DIVORCED [B. DATE OF BIRTH August 30,18'		Months Day	AR IF UNDER 24 HRS. s Hours Min.
I			BUSINESS OR INDUS	Frederick (County, Md.	U.S	of WHAT COUNTRY
		Josephas Palmer		Manzell R			
0	IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S No. of unknown) (If year give wor or dates of vervice) None			909 Preston Ad		
		33/^	cular Hype				NTERVAL BETWEEN NSET AND DEATH 20 yrs
		Conditions, if any, which gove rise to immediate cate (a), stating the underlying cause lost. (b) DUE TO lying cause lost.	cute Gereb	ral Hemorrhage			10 days
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU				/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	None	D. (Enter noture of injury in Po			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC While Not work at w	whilefac	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(Count	y) (Stote)
		21. I certify that I attended the deceased from alive on Sept. 2, 157	-	occurred at		and on the d	saw the deceased late stated above DATE SIGNE
		SIGNATURE SI TOKES MELL	es,	M.D. 115 N. Pot		*******	9-3-57
- 1		hillerini antie			37 8 9		
- 1	220	PHYSICIAN'S NAME (Type) S. Robert Wells, M. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NA	D . ME OF CEMETERY OF	Hageretown	Maryland 22d. LOCATION (City, town,		(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09912

9915	CEKTIFIC	AIE OF DEATH	F	Reg. Dist. No. 🕏	07-							
o. COUNTYWASHINGTON	MARYLAND	2 USUAL RESIDENCE (Where deceded STATE MARYLAND	sed lived. If institution b. COUNTY	WASHINGT	oN							
b CITY OR TOWN (If outside corporate limits HAGERSTOTEN Own)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our lide cor	porate limits, write RUR	AL and give nearest	townj							
WASHILMOTON COUNTY	e street oddress) HOSPITAL	736 MARYLAN	D AVE.	0	RESIDENCE MACEARNES NO M							
3. NAME OF First DECEASED (Type or print) EFFIE	MYRTLE	BOWMAN 4. DATE	STRE	Day 23	Year 19 57							
5 SEX 6 COLOR OR RACE WHITE	7 MARRIED NEVER MARRIED NO NEVER MARRIED NO NEVER MARRIED NO NEVER MARRIED NO NEVER MARRIED NEVER	B. DATE OF BIRTH 11/22/1872		UNDER 1 YEAR IF U								
10a USUAL OCCUPATION (Give kind of work deducing most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME	HOME	USTRY 11. BIRTHPLACE (Stole or foreign MARYT, AND 14. MOTHER'S MAIDEN NAME	country)	U.S.A								
DANIEL R. BURNS		?? SHUTZ										
15. WAS DECEASED EVER IN U. S. ARMED FORC		MR. ALVEY B. BO	WMAN HAG	ERSTOWN MD.								
PART I. DEATH Enter only one sour PART I. DEATH WAS CAUSED BE. (a) IMMEDIATE CAUSE (a). Conditions, if only, which gove rise to immediate couse (a), stoting the underlying couse lost. (c)	Dist' IF.	of Cerlin (2) mes Peresis	enteric'		LESTWEEN ND DEATH							
10.7	ITIONS CONTRIBUTING TO DEATH BY	IT NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN	PE	AS AUTOPSY RFORMED?							
= -	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
20c TIME OF INJURY Month, Doy, Year Hour o.m. p. m 19	ity or town)	(County)	(Stote)									
21. I certify that I attended the alive on 9/22 Z	From 1 Mg	1957, to 9/23 h accurred at 5/30/4M, fro ADDRESS	om the causes and (Street, city or town, ste									

ennings 220. BURIAL, CREMATION, REMOVAL (Specify)

agerstown 22c NAME OF CEMETERY OR CREMATORY

HILL

22d LOCATION (City, town, or county) HAGERSTOWN

(Stote)

9/25/57 23 FUNERAL DIRECTOR'S SIGNATURE

ROSE

240 REC'D BY REGISTRAR

2454 RECISTRAR'S SIGNATURE

VS A15 (4) 1SM 9/SS

TO FUN

OCL I 1025

BUREAU V. S.

1	MAKTLAND STATE DEPAKTA	MENT OF HEALTH—BALTIMORE, 18	09913
	; 9916 CERTIFIC	ATE OF DEATH Reg. Dis	1. No. 302
director	PLACE OF DEATH O. COUNTY Washingtton MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence, STATE Naryland Washington	
figure 1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 8 Hrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and go Hagerstown	ive nearest fown)
by the f	d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Wash. County Hospital	d street Address 37 Mealey Pkwy	•. IS RESIDENCE ON A FARM? YES NO X
in 24 ho	3 NAME OF DECEASED First Middle (Type or print) PAUL STEWART		Doy Year 34 19579
ed within	5. SEX Male 6. COLOR OR RACE White Widowed Divorced	reby 28 1922 Stribdoy) Months	Days Hours Min.
and component death.	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- diving most of working life, even if retired) Office Manager Hag Lumber Gorp. 13. FATHER'S NAME	Hagerstown Wash. Co	USA
icate be	Frank S. Bowman Sr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	Maide E. Stewart	
ding ph	Yes W. W. # 2 215-18-1123	Mrs Ella S. Bowman 37 Mealey	
the deal	18. CAUSE OF DEATH [Enter only one couse per line for (a) (b) one) (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Hagerstown Md.	ONSET AND DEATH 3 MO.
n. signed by it permil.	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last.		•
physicio sas b== riol-trans naval, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?
tending ificate if the built, or refu	OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Port II of item 18)	
PHYSIC tol or al this cert ir use as remation	Hour a.m. p. m. 19 While Not while of work at work	actory, street, affice bldg., etc.)	cunty) (State)
TTENDING OR: After Seloched Servicit, Go burial, Go	(\mathcal{O})	h occurred at 1:10AM, from the causes and an the ADDRESS (Street, city or town, state)	ast saw the deceased e date stated above DATE SIGNED
AL OR A strained b	PHYSICIAN'S B. B. Kneisley, M.D.	Mp. 148 West Washington St.	9/25/57
SPIT De rei	NAME (Type) B. B. KNelsley, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (Hagerstown, Maryland OR CREMATORY [20d. LOCATION (City, lown, or county)]	(Stole)
o HO may O Fuy page the re	Burial 9/26/57 Rose Hill (Cametery Hagerstown Wash.	Co Md
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ANDREW K. Coffman Hagerstown Md.	240 RECID BY REGISTRAR 246 REGISTRAR'S SIGN	Boevess

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

- 63S.

BUREAU V. S.

1			MA	ARYL	AND ST	ATE DE	PARTM	ENT OF	HEALTH	-BALTI	MORE, 1	8	1199.	15
			99	17		CER	RTIFICA	ATE OF	DEATH	4		Reg. Dist.	No. 3	025
H director		PLACE OF DEATH b. COUNTY Wa	shingto	n		N	MARYLAND	2. USUAL RES	Md.	nere deceased liv	ed. If institution b, COUNTY		efore odmis	•
		b. CITY OR TOWN (I	outside corporeorest town)		s, write c	LENGTH OF	STAY IN 1b			outside corporate	limits, write RL	JRAL and give	nearest low	n]
by the funeral 12 should be it		d. NAME OF HOSPIT OR INSTITUTION Washingto	AL (If not in ho	spital, gi		es1)		d. STREET		beth St	*		e. IS RE ON /	SIDENCE A FARM?
in the		NAME OF DECEASED (Type or print) Pre		Firs	1	M	iddle		Ost	4. DATE OF DEATH	Mont 9	h	Day 9	Year 19 57
Pog	5. 9		6. COLOR OF	RACE	7 MARRIED	_	ARRIED A	8. DATE OF BIR	TH	9.	AGE (In years lost birthday)	IF UNDER 1 Y	EAR IF UND	17
physician and completernove corbon papers. 2 hours offer death.	10a	USUAL OCCUPATION during most of work	ON (Give kind o	f work d	lone 10b, KIN	O OF BUSINE	SS OR INDU		PLACE (State			12. CITIZE	N OF WHA	T COUNTRY?
orbon of I	13.	FATHER'S NAME				baby	у	14 MOTHER	S MAIDEN N					
physicion hours of	15. (Ye	WAS DECEASED EVE	aymond R IN U 5. ARM (If yes, give wor or	ED FORG	ES? 16. SOC	IAL SECURITY	r NO 17.	NFORMANT	Derotn	y May Bo	Addr			
nding Size re hin 72		no				none		aymond l	Bussar	d Ha	agersto			
he attend Then plea		18. CAUSE OF DEA	TH WAS CAUSE IMMEDIATE C	ED BY: AUSE (0)	use per line fo	p) (b), and	rate	inity		186-	-		NTERVAL BONSES AND	ETWEEN DEATH
gned by permit. in any ev		Conditions, if o gove rise to i couse (o), stoting	ny, which) mmediate	DUE TO (b) DUE TO				/						
ng physician e has been si burial-fransil removal, and	ATION	PART II. OTH	HER SIGNIFICAL	(c) NT CONE		RIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE CO	ONDITION GIVE	EN IN PART 16) 19 WAS PERFO	AUTOPSY ORMED?
ending ph ficate has the burial ar remov	CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF	DEATH	20b. DESCRIB	HOW INJU	RY OCCURRE	D (Enter noture	of injury in I	Port 1 or Part II :	of item 18.)			
ol or off his cert r use as emotion	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m	Y Month, D	19	r 20d. INJUI While of work	Not while at work	20e Pl	ACE OF INJURY clory, street, offi	(Home, formice bidg., etc.	20f (City or	town]	(Cour	ity)	(State)
by the hospite ECTOR. After the deteched for ar to burial, cr		21. I certify the alive on	gt / attender	ed the	deceased 12 5	7	that death	1957 accurred a		OM, from the ADDRESS (Street			date stat	
Letomes Could b		PHYSICIAN'S NAME (Type)						M.D	-6	**************************************	1	sarantero.		er Hill
nay be page the regis	220	BURIAL, CREMATIC REMOVAL (Specify) Burial						Ch. of	God		d (City, town, o adfordi		(Sto Md	
VS A15 (4) 1SM 9/55		FUNERAL DIRECTOR		Hag	erstow	n, Md.			24 of KEG	BY REGISTRAN	7 Lako	TRAR'S SIGNA	TURE SELV	eeds

JED IS 1825

PUREAU V. E.

James of working life, even if rehired) 12 FATHER'S NAME COTGE F. Heyset 13. MAS DECRASED EVE IN U. S. ARMED FORCES? In SOCIAL SECURITY NO 15. WAS DECRASED EVE IN U. S. ARMED FORCES? In SOCIAL SECURITY NO NO 18. CAUSE OF DEATH [Either only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: Conditions, if any, which gover rise to immediate couse (o). USA 18. CAUSE OF DEATH [Either only one couse per line for (o), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PREFORMED? TOO. ACCIDENT WAS UNDRETYING CAUSE OF PART I (b) DESCRIBE HOW INJURY OCCUPRED While Not work of injury in Port I or Port II of item 18.) TOO. ACCIDENT WEIGHAR DATE (A) DESCRIBE HOW INJURY OCCUPRED While Not work of injury in Port I or Port II of item 18.) TOO. ACCIDENT WEIGHAR PART I (c) I (c) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP. WAS AUTOPSY PREFORMED? TOO. ACCIDENT WEIGHAR DATE (A) DEATH INJURY OCCUPRED While Not work of injury in Port I or Port II of item 18.) TOO. ACCIDENT WEIGHAR PART I (c) IT or Port II of item 18.) TOO. ACCIDENT WEIGHAR PART I (c) IT or Port II of item 18.) TOO. ACCIDENT WEIGHAR PART I (c) IT or Port II of item 18.) TOO. ACCIDENT WEIGHAR PART I (c) IT or Port II of item 18.) TOO. ACCIDENT WEIGHAR DATE (C) IT or Port II of item 18.) TOO. ACCIDENT WEIGHAR DATE (C) IT or Port II of item 18.) TOO. ACCIDENT WEIGHAR PART I (c) IT or Port II of item 18.) TOO. ACCIDENT WEIGHAR PART I (c) IT or Port II of item 18.) TOO. ACCIDENT WEIGHAR PART I (c) IT or Port II of item 18.) TOO. ACCIDENT WEIGHAR PART I (c) IT or Port II of item 18.) TOO. ACCIDENT WEIGHAR PART I (c) IT or Port II of item 18.) TOO. ACCIDENT WEIGHAR PART I (c) IT or Port II of item 18.) TOO. ACCIDENT WEIGHAR PART I (c) IT or Port II of item 18.) TOO. ACCIDENT WEIGHAR PART I (c) IT or Port II of item 18.) T		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ANYLAND BY SETTING TO COUNTY (If contains corporate limits, write contains the composed limits, write guests composed limits	_	L	\$ 9950 CERTIFICATE OF DEATH Reg. Dist. No. 302
b. CITY OF TOWN (If on-thise copporate limits, write and the composite limits, write and the c	M	1.	o. COUNTY
d. NAME OF LOSTITUTION AND RESTORATION BTOSCHOLD IN STREET ADDRESS ON A PARMY BY STREET ADDRESS ON COLOR OR RACE I MANNE OF DECRAFAD I DORY BY PARMY BY STREET ADDRESS ON A PARMY BY			b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RUBAL and give request town)
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The contribution of contribution of course for interest and the course of the course o	I)	5.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
George F. Heybet Is. WAS DECEASED EVER IN U. S. ARMED FORCES? If you was a restricted of surrors in Social Security NO in Se	1		Housewife Own Home Hagerstown Wash. Co USA
No		13.	
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wor	U	CATION	YES NO
21. I certify that i attended the deceased fram 1			
alive an address (Streek, Tip) and that death occurred at W. M., from the causes and on the date stated abave ACTUAL SIGNATURE ADDRESS (Streek, Tip) or town, state) PHYSICIAN'S NAME (Type) ADDRESS (Streek, Tip) or town, state) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or caunty) (State) BUTIEL 9/18/57 ROSE HILL CEMETERY Hagers town Wash. Co Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR 24b. REGISTRAR 24b. REGISTRAR 24b. REGISTRAR SIGNATURE		MEDICA	Hour o. m. While Not while factory, street, affice bldg, etc.)
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Burial 9/18/57 Rose Hill Cemetery Hagerstown Wash. Co Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	/		PHYSICIAN'S TO THE TRANSPORT
		1	REMOVAL (Specify)
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PLACE OF DEATH

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DECEASED

(Type or print)

PEMATE

13. FATHER'S NAME

NO

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MOY VS A15 (4) 15M 9/55

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 6. m 21. I certify that I attended the deceased from alive on and that death accurred át M, from the causes and an the date stated above. ADDRESS (Street, city/or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) SEPT 195 MARTINSBURG GREEN ADDRESS 246 REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR

DECENDED

UREAU V. S.

7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
e e	9918 CERTIFICATE OF DEATH (19917 Reg. Dist. No. 502
directo	1. PLACE OF DEATH o. COUNTY Washington 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE STATE
funeral lid be f	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Lagerstown Lagerstown Hagerstown
by the	d. NAME OF HOSPITAL (If not in hospital, give/street address) 95/57 Washington County Hospital d. Street Address / e. Is residence on a farm? Yes \(\text{NOT} \) NOTE: Very NOTE: NAME OF HOSPITAL (If not in hospital) 0.15 RESIDENCE on A FARM? YES \(\text{NOTE:} \) VALUE NOTE: NAME OF HOSPITAL (If not in hospital) 0.15 RESIDENCE on A FARM? YES \(\text{NOTE:} \) VALUE NOTE: NAME OF HOSPITAL (If not in hospital) 0.15 RESIDENCE on A FARM? YES \(\text{NOTE:} \) VALUE NOTE: NOTE: NOT
I 24 hou	3 NAME OF DECEASED (Type or print) Patsy Ann Campbell Death Sept. 14 1957
completely in papers. Page	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years left) 1 1956
and comp	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) None None None 12 CITIZEN OF WHAT COUNTRY U.S.A
ician ar ician ar e carba rs after	13. FATHER'S NAME Roy Lacy Campbell Carrie Belle Ardinger
ng phys e remov 72 haur	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 12. W. Address to tomac St. No. 18. No. 00 unknown) 18. We give wer or derive of services No. 18. No. 00 Unit of services No. 18. No. 18. No. 00 Unit of services No. 18. N
requires that the acan ian signed by the attend usit permit. Then pleas and in any event within	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Atrusia of Bullery Systems Consequence Officery and Death Immediate Cause (o) Atrusia of Bullery Systems Consequence Officery Systems Conseque
g physic has bee uriol-tra maval,	PAME II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO Z
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this cell the selection of the selection	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED White Not white of work of w
d by the hosping	21. I certify that I attended the deceased from Dorth, 1956, ta 914, 1957, that I last saw the decease alive an 914, 1957, and that death accurred at 6.45PM, from the causes and an the date stated above. ADDRESS (Street, city or low), state) ACTUAL SIGNATURE M.D. 30VM OTOMBES (Street, city or low), state)
retaine L DIS	PHYSICIAN'S NAME (Type) / Hogers Dollar Med
FUN Page The reg	20. BURIAL, CREMATION, 2b. DATE THEREOF 2c. NAME OF CEMETERY OR CREMATORY 2d. LOCATION (City, town, or county) REMOVAL (Specify) Sept. 17-57 Greenlawn Cemetery Williamsport Md.
VS A15 (4) 1SM 9/SS	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAM DE LO MEC'D BY REGISTRAR'S SIGNATURE CALITAL - Load Toller de Na Date et la 1951 Comment Boress
у.	7

BUREAU V. S.

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executed within 24 hours ofter death. Page

death certificate



BUREAU V. S.

9920 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY filed q STATE To COUNTY MARYLAND "ashington Washington Marvland uneral b. CITY OR TOWN (If autside corporate limits, write 3 c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) P Hagerstown 18 Hrs Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? 1201 Hamilton Blvd YES NOW Washington County NAME OF First 4. DATE Middle Month Year DECEASED (Type or print) CLOPPER NISTATA PAULINE DEATH Sept 1957 19 5. SEX 6 COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days DIVORCED [Female WIDOWED [26 10a. USLAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housekeeper Hagerstown Wash. USA 0 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME William O Clopper Susan Baker 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address No attending Dr Evelyn C. Luke 1201 Hamilton Blvd please 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO crotic Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🌠 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that I attended the deceased from 14 0 V ... 1956, to \$ + 10t. J., 1947, that I last saw the deceased , and that death accurred at 10:50 AM, from the causes and on the date stated above. DIRECTOR ADDRESS (Street, city or town, stole) **ACTUAL** SIGNATURE ő 5 D HOSPITAL PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Rairview Cenetery Keedysville Wash 0 Co Md 0 23 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VS A15 (4) Hagerstown Md. Andrew K. Caffran

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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					995	52	CE	RTIFICA	ATE OF	DEAT	Н		Reg. Dist. I	No. 3	01
MI		1. [LACE OF DEATH	chir	ton		٨	MARYLAND	a. STATE	SIDENCE (W	_	b. COUNTY	ion: Residence b		sian)
			CITY OR TOWN	(If outside co	rporate limi	ts, write c.	LENGTH OF	TAY IN 16				rate limits, write I	RURAL and give		n)
		_		amspo			Life				mspor	t			
179-1	2	_ '	I. NAME OF HOSPI OR INSTITUTION	ITAL (If not in		ive street add	dress)		d STREET	ADDRESS	Jali.	stur, J	treet	ON A	SIDENCE A FARM? NO [
			IAME OF IECEASED		Fin	bf .	М	iddle		ost	4. DATE	Ма			Year
			Type or print)	Lydi		-	sephi		Jatta		DEATH	Donto.	A		19 (
		5. 5					NEVER M		B DATE OF BII			9. AGE (In years lost birthday)	Months Do		Mrn.
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	7		during mast of wo	rking life, ave	on if retired)				W				12 CITIZER	1 OF WHAI	COUNTRY
		13.	HOUSEW	116		111	<u>ourew</u> j	110	14. MOTHER	neshu ''S MAIDEN		ryland	Us	DH.	
			Isaa	e Gro	777.0					o'nia					
		1\$.	WAS DECEASED BY	ER IN U. S. A	ARMED FOR	CES? 16. SQ	CIAL SECURITY	/ NO. 17. E	NFORMANT	TIU	CCCK	Add	lress		
1	/]Yes	na, ar unknown)	(If yes, give we	or or dates of u	21	7-88-	1022	· (' ' ' ' '		++		384.5	7.) +-	7
			18. CAUSE OF DE	ATH (Enter	only one ca	use per line.		(c).]	1 6	277	V V4 44.E			NTERVALE	NWEEN
				ATH WAS CA		(4	OKO	LIRA	VOIX	He &	11.6	Solia	C	INSET NO	DEATH
			420,1	MARLOIAI	DUE TO			12001	7	PAR	w.r.	1000			dy
			Conditions, if	any, which) _[b]										
			gave rise to couse (a), stating	immediale i	DUE TO										
			lying cause last.) (c)										
4	ာ	CATION	PART U. OT	HER SIGNIFI	CANT CON	DITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	IINAL DISEAS	CONDITION G	/EN IN PART 1(o	PERFO	AUTOPSY DRMED?
		FIC	20o. ACCIDENT W	AS HINDERLY	ING 🗆	20h DESCRI	RE HOW INTO	DV OCCITORE	D. (Enler nature	of lainer in	Part I as Part	II of item 181		YES [NO 🗌
		CERT	200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	CAUSE	OF DEATH	TOO. BEJERN	DE 110 11 11 11 11 11 11 11 11 11 11 11 11	KI OCCORRE	s, (cines indiore	Or milory in	ran i gi ran	to or near ro.,			
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		MEDICAL	Hour a. ji. p. m.		_ 19	While at work	Nat while	for	tary, street, aff	ice bldg., et	c.)		(2001)	'71	(2,0,0)
		~	21. I certify t	hat Letter	Land she	deseased		7/22	15-76	-1-	9/2	>/1-2			
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	41			7/	1	1			m.v. [.,24.32	مدلاق ا		7-045	7-121-		
			PHYSICIAN'S NAME (Typo)	_//_								/		- (, ,
		220	BURIAL, CREMATIC REMOVAL (Specify	ON, 246. D/	ATE THEREO	F 2	2c. NAME O	CEMETERY O	R CREMATORY		22d. LOC/1	ION (City, town,	or caunty)	(Stot	le]
			KEWOAYE (SEEGLA	9/	26/5		rivery	101. (is retray			liameno	ret	r la	ni
		23.	UNERAL DIRECTO	'S SIGNATU	RE		ADDRESS			. (5)	D BY REGIST		STRAR'S SIGNA	TURE A G	2/
		M	owas	X	2500	ve	Han	nesa	a mos	DATE	7.26-	57 6	Lex 1	mo	lroy
	- /			V			7 *								

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П	MANICAND	JIAIL DEFARIM	ENT OF REALTH	-DALI	IMOKE, I	6 000	191		
L	9921	CERTIFICA	ATE OF DEATH	1		Reg. Dist.	No. 30	2	
1	PLACE OF DEATH COUNTY WASHINGTON	MARYLAND	2 USUAL RESIDENCE (Who STATE MARYL		lived If institution b. COUNTY	oni Residence b	oefore admir	isian)	
	b CITY OR TOWN (If outside corporate limits, write RURAL PAGE RSTOWN	c. LENGTH OF STAY IN 16	HAGERST	OWN	ite limits, write Ri	URAL and give	nearest tow	n)	
	d NAME OF HOSPITAL (If not in hospital, give street of NAME OF INSTITUTION HOWARD ST.	address)	d. STREET ADDRESS / 320 W. H	OWARD	ST.		e. IS RE ON / YES	SIDENCE A FARM? NO []	
L	NAME OF DECEASED (Type or print) First JOHN	RICHARD	CRIM	4. DATE OF DEATH	SEPT.	th •	Doy 18	Yeor 19 57	
	MALE WHITE WIDOWE	D DIVORCED	3/25/1883		AGE (in years last birthdoy) 74 yrs.	Months Do		ER 24 HPS Min	
		the state of the s	FFICE MAR	YLAND	ntry)	1	S.AL	COUNTRY	
1	RUFUS SMITH CRIM			• MUL					
I,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (If yes, give war or dotes of service)	80-10-3093M	ISS IDA L.	CRIM	HAG管	rstown			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which) (b)						INTERVAL BETWEEN ONSET AND DEATH 3.355 725		
	gave rise to immediate cause (o), stating the under- lying cause last. (c) Cerebras Special Lice							30 42	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) 19. WAS AUTOPSY PERFORMED? YES NO								
MEDICAL	20c, TIME OF INJURY Manth, Day, Yeor 20d, IN- Hour a. m. 19 While p. m 19	Not while lac	ACE OF INJURY IHome, form, tary, street, office bldg., etc.)	20f. (City o	r tawn)	{Coun	nty)	(Stote)	
	21. I certify that I attended the deceased from								
	ACTUAL SIGNATURE Cale L.	Courad	м.о. 137 W	. War	et, city or town, selected	crac	9	ATE SIGNED	
200	PHYSICIAN'S Robert P.	Corrag	Ho	ger	storm	Ma		==	
12	BURAL CREMATION, 226 DATE THEREOF 9/20/57	PAKERSVIL			HINGTON		(Stat	MD.	
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS- gerslown		BY REGISTRA		TRAR'S SIGNA		serv	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2EP 24 1957

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	11
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9922 CERTIFICATE OF DEATH

()9922 Reg. Dist. No. 30%

1 PLACE OF DEATH g. COUNTY				2 USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission)						
WASHINGTON MARYLAND				• STATE MARYLAND 6 COUNTY WASHINGTON						
b. CITY OR TOWN (if outside corporate limits, write HAGERSTOWN 5 YRS.			c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL HAGERSTOWN							
d. NAME OF HOSPITAL (If not in hospital, give street address) WASHINGTON COUNTY HOSPITAL			d. STREET ADDRESS / RT.#4 e. 15. RESIDENCE ON A FARM? YES [] NO []							
3 NAME OF DECEASED (Type or print)	RACHEL		Middle SUSAN		DALEY	4. DATE OF DEATH	SEPT		Day 22	Yeor 7.
5. SEX 6. 0	OLOR OR RACE	7. MARR	ARRIED NEVER MARRIED		B. DATE OF BIRTH	-	9. AGE (in years last birthday)		YEAR IF UNI	
FEMALE	WHITE	WIDOWE	DIVORCED		3/9/1880		וזע קיקי	Months [Days Hour	Min,
10a. USUAL OCCUPATION (C during most of working I	ive kind af work ofe, even if retired	lone 10b.	KIND OF BUSINESS OR	INDUS						T COUNTRY?
HOUSEWI	FE		HOME		PENNSYLVANIA U.S.A.					•
JACOB M	YRRS				14 MOTHER'S MAIDEN N		OWARD			
15 WAS DECEASED EVER IN		CES2 14	SOCIAL SECURITY NO.	17 18	IFORMANT			U. T. A.	0 220 0 0	01137
	give wor or dates of h		NONE		R. ANGLE M.	DALI	EY RT		GERST D.	OWN
1B. CAUSE OF DEATH			ne for (a), (b), and (c).]		Me 111	7.			INTERVAL E	BETWEEN D DEATH
, , , , , , , , , , , , , , , , , , ,	DUE TO		2 1						0	
Conditions, if any, v	Conditions, if any, which) in braherio sclaruis General						n			
gave rise to immer								-		
lying cause last.										
PAIT II. OTHER SI	GNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PART	PERF	ORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH										
		r 20d. IN	NJURY OCCURRED 2	Oe. PLA	CE OF INJURY (Home, form	. 20f (City	or tawn)	íCo	ounly]	(State)
20c. TIME OF INJURY M	19	While of work	Not while	fac	tory, street, office bldg., etc.)		,	,,	1
21, I certify that I	attended the	decease	ed from 20 Cu	الله الله	, 19 <i>5</i> 7., to	72 51	12 19 5	That I lo	ast saw the	decensed
alive on 22 J	9/1	19_1			occurred at 2:15					
0	010	/ .					rest, city or town,			ATE SIGNED
SIGNATURE	des ,	1	roden	A	A D	0-91	Jon.	234	9	123/1
PHYSICIAN'S NAME (Type)	40	ach	102 1-	2		0				
220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR		CREMATORY	22d. LOCAT	ION (City, tawn, o	or county)	(51c	ote)			
BURIAL 9/24/57 PLEASANT H		ILL U.B. CH	URCH	FRANK	LIN C	O. PE	NNA.			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS!				24a_REC*	BY REGIST	RAR 24b/ REGH	TRAR'S SIGN	NATURE	- 4	
W. J. Porment, Hagerstown Ma					7 050/1	27.19	3/10m	usty 1	2000	esu

VS A1S (4) 1SM 9/SS

BUREAU K. S.

JCL 7 1025

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, o	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19923	020
cremotion	1. PLACE OF DEATH O. COUNTY Washington ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before add o. STATE Maryland b. COUNTY Washington	
burial,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest I and give neorest form) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest I	own)
prior to	Washington County Hasnitel	RESIDENCE N A FARM?
	3. NAME OF First Middle Last 4. DATE Month Day DECEASED 6. DOT SOFT	Year 19
the for		DER 24 HRS.
nd 2 with #	100. USUAL OCCUPATION (Give kind of work done tob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Trackman W.M.R.R. Retired Yugo Slavia USA	T COUNTRY?
may be	13. FATHER'S NAME No record No record	
File poges	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) If yes, give wor or doles of service) Mrs. Blanche Hawbaker - 52 E. Antietam	St
form PM3.	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Practured Skull 7	MEEN BEATH
olong with	Conditions, if any, which gove rise to immediate couse (c), stoting the underlying couse lost.	
r's Office used os o	3	AUTOPSY ORMED? NO
S ii.	20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Pedestrian that was hit by automobile	
Medicol Exam Poge 3 should	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Hour XX6X 4:45 p. m. Sept. 14:957 While of work of work of work to the work of work to the work of work to the wo	(State) Md
क क	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and death resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined cause	find that
DIRECTOI	ACTUAL SIGNATURE SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER []	SIGNED
AL AL	NAME (Type) S. Robert Wells, M.D. DEPUTY MEDICAL EXAMINER	21-57
10 FO	Burial 9-22-71 Danz one Doug Common Conf.	Md
N1SME(5) N 9/55	23. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman Hagerstown, Md. 240/REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE: 240/REC'D BY REGISTRAR'S SIGNATURE	العمر

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. L.

ZEE 52 1821



1	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 5E M	1 9953 CERTIFICATE OF DEATH Reg. Dist. No. 3 0/
director filed with	1. PLACE OF DEATH O. COUNTY TESHINGTON MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before odmission) O. STATE O.
be of	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
e fur aufd	Williamsport R # 1 68 Yrs Williamsport R # 1 d. STREET ADDRESS e. IS RESIDENCE
by th	near Downsville near Downsville ves X NO
of ho	3 NAME OF First Middle Lost 4 DATE Month Day Year OF
in 2	(Type or print) SUSAN SALLY DELLINGER DEATH Sept 24 1957 19 5. SEX 14. COLOR OR RACE 17. MARRIED IN INFVER MARRIED IN 18 DATE OF BIRTH 19. AGE (In years IF UNDER 14 ARS.
Peter with	lost bythday) Months Days Haurs Min
ted apple	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
or com	USUAL OCCUPATION (Give kind of work dame) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPIACE (Stote diversity of Water Stote of Weight Country Housework Own Home near williamsport USA
8 28 2	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
icion is affi	William H. Dellinger Mary Slifer
phys mov hou	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address
72 22	No None Mrs Ruth Dellinger Williamsport R # 1
endi teas ithin	18 CAUSE OF DEATH [Enfer only one couse per-line for (a), (b), and (c)] INTERVAL BETWEEN (ONSET AND DEATH
A D D D D D D D D D D D D D D D D D D D	IMAGE LAUSE (6)
The The	163 × DUE TO
s the	Candilians, if any, which) (b)
gnec on a	gove rise to immediate OUE TO
red on. sit	lying cause lost. (c)
ysici ysici tran	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
The graph hos may	Eluhalized as Turcos clusses YES NOT
than:	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE O
PHYSIC of ar at his cert use as smatian	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 of work
NG Spires	21. I certify that I attended the deceased from May 15 , 1957, to Sept. 24 , 1952, that I last saw the deceased
NDIII	alive on Sept 23, 1957, and that death accurred at 1 MM, from the causes and an the date stated above
TTEL The The Total of the Total	ADDRESS (Street, city or town, stote) DATE SIGNED
OR A DIRECTOR DIRECTOR DE PRIOR I	SIGNATURE Tolward W. WIHOTH NO. 217W. Washington St. 9/25/57
retail auk arar p	PHYSICIAN'S NAME (Type)Edward W. Ditto 111. M.D. 217 W. Washington St. Hagerstown, Md.
od and of the second	220 BURIAL, CREMATION, 22b DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fawn, or county) (Stoles)
D FU	Burial 9/26/57 giver View Cemetery Williamsport Wash, Co Md
1 1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'DEY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	Andrew K. Coffman Hagerstown Md. DATE E. S. 11/c Ex as
e	27

SECEINED

BUREAU V. S.

i i		MAKYI	AND.	STATE DEP	AKIM	ENI OF H	EALIH	-BAL	IIMORE,	18	000	005	
		995	14	CERT	IFIC/	ATE OF D	EATH			Reg. Di	st. No.	320	15
1,	PLACE OF DEATH					2. USUAL RESID	ENCE (Whe	ire decease	d lived. If instituti		ice bela	re admissio	m)
	WASHIN	GTON		MAR	YLAND	11	YLANI)		SHIN	GTO	N.	
	b. CITY OR TOWN (If ou RURAL and give neare	st town)	ls, write	c LENGTH OF STAT					orate limits, write R				
Н			ive street	LIYEAR	15	d STREET A	PRES		BOONSE	BORO		R.2 •. IS RESID	DENICE
	d. NAME OF HOSPITAL (OR INSTITUTION ROOMS F	BORO MD.				/		?O Mī	ROUTE.	2		ON A F	FARM?
3.	NAME OF	Fir		Middl	e	Lost	<u> </u>	4. DATE	Mar	oll.	Do	Y.	eor
	OECEASED (Type or print)	LAURA		GRAC		DET		OF DEATH				" ነፍ ፖ ነና	
5.	SEX 16.		7. MARR	IED NEVER MARK		8. DATE OF BIRTH			Market American	IF UNDER			
								_	9. AGE (In years lost birthday)	Months	Days	Hours	Min.
10	FEMALE USUAL OCCUPATION	WHITE	WIDOWE	1		APRIL 5	188		74 yr	12 (1	STEN O	F WHAT C	COLINITAV
1.0	during most of working	life, even if retired	Janet 105.	KIND OF BOSINESS	OK INDO	SIKI III. BIRITIFU	re tame c	ir roreign c	domryj	12 (11	ILEN O	r Whai C	.UUNIKT
	HOUSE W	TFE	0	N HOME			ETNA		H.CO.MD		u.s	A.	
13	FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME					
ш	JOH	N HUBERT	r DE	TROW		MAR	NOL	FOLT	Z				
	WAS DECEASED EVER IN	U S. ARMED FOR		SOCIAL SECURITY N	0. 17 1	NFORMANT			Add	rest			
1	NO		1 .	NONE	ME	RS ROSCO	TE MT	LLER	BOONSB	ORO 1	RD.	R. 4	
	18. CAUSE OF DEATH	[Enter only one co				10	- /	2,			INT	ERVAL BET	WEEN
П	PART I. DEATH	WAS CAUSED BY-	KL	Imon.		Eur	10 to	_			ONS	SET AND D	
П	416X	MEDIATE CAUSE (o	/					-	·		1	here	
	1		71/	-	11	1	10	-			1		
	Canditions, if ony,	ediate 2	1 The	courses 47	2/1	earl	and from	1401	200		424-1	2 mili	120
	cause (a), stating the		. (51.6 au	-	la	1.		1.	1	1	Dece-	en 1
l_	lying cause last.) (c	1-6-6	represe .	SEN	expess	_/_/_	34667	Ct 1- 17 12 1				
ģ	PART II OTHER	SIGNIFICANT CON	DITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	SE CONDITION GIV	VEN IN PAR	T 1(o) 1	9. WAS AL	
13									1			YES [
CERTIFICATION	200 ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEI	CAUSE OF DEATH	20b DES	CRIBE HOW INJURY	OCCURRE	D (Enter nature of	injury in P	art I ar Pa	rt (t of item 18)				
	20c. TIME OF INJURY		204 19	NJURY OCCURRED	20	ACE OF INJURY IF	la f	1004 (01)			0		(6)-1-1
MEDICAL	Hour a.m.	19	While at war	Not while	fo	ctary, street, office	bldg , etc.)	201 [Cil	y or rown;	(County)		(State)
П	21. I certify that	Lattended the	decens	ed from 2540	E)	. 195 7	. to L	2007	19.5	Zihat I	lost sz	ow the c	decense
	alive on	7-2	10.5	/	/	occurred of.	والمساحرة	1. 1.					
	dive on 242 3072			dilayina	ii dedii	Occorred of	m - 9		m the causes'd street, city or town,		ne aa	ie sidied	J ODOVE
	ACTUAL SIGNATURE	6/1	07	di.		MD. Folder	the fresh	ztw	1.7129	13	d	9/	3/50
	PHYSICIAN'S NAME (Type)	4 150	1,1	PR					(/		//	17,
22	o. BURIAL, CREMATION,	22b. DATE THEREC	F	22c. NAME OF CE	METERY C	OR CREMATORY		22d 1OCA	TION (City town,	or county)		(State)	
	REMOVAL (Specify) BURIAL	SEPT.5	1957	BEAVER	CRE				VER CRE		ASH		MD.
23	FUNERAL DIRECTOR'S SI		331	ADDRESS	O I I		240. REC'D		1	STRAR'S SI			0
	June Rose	Hours 1	Bor	rustruo	mid		DATES	2.5	1957	Felin	81.	Bas	4

BEAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09926

Coffman Hagerstown Md.

L		CEKTIFICA	AIE OF DEATH		Reg. Dist. No. 302
1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who		on Residence before admission)
L	ashington	MARYLAND	Maryland	Washi	ngton
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write Rt	URAL and give nearest town)
	Hagerstown	3 meeks	Hagers	town R # 1	
Г	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS		e, IS RESIDENCE ON A FARM?
L	Martin Manor Nursing	Home	Mt Etna		YES NO
3	NAME OF First DECEASED	Middle	Lost	4. DATE Moni	Ih Doy Year
	(Type or print) JESSIE		ENGLISH	DEATH CEPT	9 1957 19
5.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years lost birthday)	Months Dovs Hours Min
L	Female White widow	Appen service	April 4 18'	70 87 79	Months Doys Hours Min
10	 USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) 	KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (Stole C	or foreign country) Va.	12. CITIZEN OF WHAT COUNT
		Own Home	Lovettsvil	lle Loudon O	O USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
L	George W. Smith		Mary Fr		
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 es. no. or unknown) (If yes, give wor or dotes of service)		NFORMANT	Addr	
<u>_</u>	No +		s tillian Wo	olf 525 Fred	lerick St
L	18. CAUSE OF DEATH [Enter only one couse per le	*	Hagersto		INTERVAL BETWEEN ONSET AND DEATH
l	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Art	teriosclerot:	ic cardiovas	cular disea	se. Years.
	422.1 DUE TO				
	Conditions, if ony, which) (b)				
	gove rise to immediate couse (a), stating the under-				
	tying couse lost. (c)				
CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19 WAS AUTOPS' PERFORMED?
2		None.			YES NO
ERTI	200 ACCIDENT WAS UNDERLYING 1 20b DES	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	ort I or Part II of clem 18)	
				I consideration	
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d I Hour e.m. While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or lown)	(County) (State
¥	p. m 19 of wo	1	1.6		
L	21. I certify that I attended the decease		2 1957 10 Se	Pt. 9, 1957	, _,that I last saw the decea
	olive on Sept. 2	and that death			ind on the date stated abo
L	ACTUAL A A STE	011		LOORESS (Street, city or lown, s	
	SIGNATURE		MD. TTO NOTE	1 Potomac St	9-10-57
	PHYSICIAN'S R. A. Bell	, A. D.	Hagersto	own, Marylan	d.
22	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, o	or county) (State)
L	Burial 9/11/57	runks town Co	metery F	inkstown Was	h. go Md.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death." Page 4 TO FU page the reg VS A15 (4) 15M 9/55

BK.

LOK ATTENDED.

LOK ATTENDED.

LOK ATTENDED.

LOK APPROVED THE HAS LIFTED AND STATEMENT OF A STAT

in by the funeral director, and 2 shauld be filed with

M

SEP 13 1957

BUREAU V. E

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

DECENDED.

CERTIFICATE OF DEATH 9925 Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed v o. STATE **b** COUNTY Washington MARYLAND Pa. Franklin hours ofter death. A funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 ĝ c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
Hageis town 10 Days should Charmian d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital YES NO DE NAME OF 4. DATE Year DECEASED within 24 1957 Sept. (Type or print) DEATH SEX 7. MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Female Months Days White Sept. 28, 1948 WIDOWED | DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) School U.S.A. Waynesboro Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ray C. Fitz Betty J. Bowman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [If yes, give wor or dates of service) attending Ray C. Fitz Charmian Pr. eose requires that the death 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b). Jelen Willis DUE TO been signed by I-transit permit. à qub Conditions, If eny, which ! gove rise to immediate DUE TO couse (a), stating the underremayal, and lying couse lost. buriol-fransit PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NOY YES 🔀 NO 🗍 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) Hour o. n. While factory, street, office bldg., etc.) Not while of work of work 21. I certify that I attended the deceased from ... 19.57, that I last saw the deceased , and that death occurred at 642 17 M, from the causes and on the date stated above. alive on E. Margaret Sullivan, M. 44 **ACTUAL** SIGNATURE ------S14 N. Potomac St. छ PHYSICIAN'S Hagerstown, Maryland NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF TO FUN 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) duria Fountaindale Fairfield. Adams 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 RECID BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MILEVO N. Z.

SEP 11 15,

DECENTED

9926 CERTIFICATE OF DEATH Rea. Dist. No. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) . county Washington be filed Maryland **b** COUNTY MARYLAND Washington death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Hagerstown vear d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS or insuration 515 Reynolds Ave. 515 Reynolds Ave. 3. NAME OF First Middle 4. DATE Month Edna DECEASED Giegas Mary Sept. (Type or print) DEATH within 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years last birthdoy)
yrs. IF UNDER TYEAR IF UNDER 24 HRS White Months Female DIVORCED | NOV. WIDOWED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) death. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home Hagerstown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Aaron Lawrence Elizabeth Cross 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Edward C. Giegas Hagerstown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Arteriosclerotic cardiovascular disease. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 6.11 DUE TO any Conditions, if ony, which gove rise to Immediate ĕ **DUE TO** cotise (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY None. 200. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) factory, street, office blela., etc.) Hour o. m. While Not while of work p. m Sept. 12. 1957 that I last saw the deceased 19 56 21. I certify that I attended the deceased from Sept and that death accurred at 1:10A, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DIRECT 119 N. Potomac St. **ACTUAL** SIGNATURE Ø PHYSICIAN'S September 13, 1957. R. A. Bell NAME (Type) FUN 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Rose Hill Cemetery Hagerstown

ADDRESS

Hagerstown

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

Md.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

DATE SIGNED

Hagerstown Mi

(Stote)

Doys

(County)

Md .

24b REGISTRAR'S SIGNATURE

240, REC'D, BY REGISTRAR

Md.

ON A FARM?

YES NO TA

Year

1057

0

23. FUNERAL DIRECTOR'S SIGNATURE

Minnich & Son

LUEVO N. S.

SEP 19 1957

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1993)
		9927 CERTIFICATE OF DEATH Reg. Dist. No. 30%
151	1.	PLACE OF DEATH O. COUNTY O. COUNTY O. STATE OR DESIGNED DEFORE OF DEATH O. COUNTY O. STATE OR DESIGNED DEFORE OF DESIGNED DEFORE DESIGNED DEFORE OF DESIGNED DEFORE OF DESIGNED DEFORE DESIGNED DEFORE DESIGNED DEFORE DESIGNED DE
		b. CITY OR TOWN (If outside corporate limits, write PURAL and give nearest town) PURAL and give nearest town) A resolvery Recursion of the property of the pure
4		d NAME OCHOSP TAL (If not in hospital, give street oddress) OR/INSTITUTION Jacustow VES NO N
		NAME OF Last 4. DATE Month Doy Year DECRASED (Type or print) Width Last Start DEATH Sept. (3 195
,	5.	SEX 6. COLOR OR, RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In Years IF UNDER 1 YEAR IF UNDER 24 HR lost birthday) Months Days Hours Min
	L	during most of working life, even if retired) 12 CITIZEN OF WHAT COUNT Muffling greenif retired)
		William Gues Mary and Morfer
C	1\$. (¥∈	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yea, give wor or dotes of service) (If yea, give wor or dotes of service) (If yea, give wor or dotes of service)
		18. CAUSE OF DEATH [Enter only one couse per line to (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OVER ADDRESS ONSET AND DEATH
		Canditions, if any, which (b)
		gove rise to immediate couse (a), stating the under- (c) (c)
	CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? OF THE PROPERTY OF
		20a. ACCIDENT WAS UNDERLYING DOOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notify of Injury in Port I or Port II of item 1897)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. 11. While Not while at work at wore work at
		21. I certify that I attended the deceased from 1950, to 913, 195 That I last saw the decease alive on 1950, and that death occurred allowed M, from the causes and on the date stated about
		ACTUAL SIGNATURE M.D. M.D. ACTUAL SIGNATURE M.D.
1		PHYSICIAN'S NAME (Type) 10 C PA ESIER
	220	O. BURIAL -CREMATION, 226. DATE THEREOF 22C. MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	=	The second of th

BUREAU V. S.

2EP 20 1957

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9928 CERTIFICATE OF DEATH

9928

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	-	, -	30	12	_
eg.	Dist.	No.		5-4	
					_



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

O FULY: 31 DIRECTOR: After this certificate has been signed by the attending physician and campletely fillust in by the funeral director, page bould be detached for use as the burial-transit permit. Then please remove carbon pagess. Page and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer tests.

-	ř	
VS 15/	A15 (4) N 9/SS	

			Reg. Dist.	No.
Mace of Death o. COUNTY Mashington	MARYLAND	2 USUAL RESIDENCE (Who STATE Marylan	ere deceased lived. If institution: Residence	
b. CITY OR TOWN (if outside corporate lim	is, write c LENGTH OF STAY IN 16		utside corporate limits, write RURAL and giv	
RURAL ond give neorest town) Hagers town	18 Hrs	Hagersto	wn	
d NAME OF HOSPITAL (If not in hospital, of		d STREET ADDRESS		e. IS RESIDENCE
	ospital	634 Geor	ge St	YES NOTE
3 NAME OF DECEASED (Type or print) HENRY		HARTFORD	4. DATE Month OF DEATH Sept 1 1957	Day Yeor
Male White		8. DATE OF BIRTH July 14 189	lost birthdoy) Months D	YEAR IF UNDER 24 HRS Mays Hours Min.
Oo. USUAL OCCUPATION (Give kind of work during most of working life, even if refired	done 106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country) Md . 12. CITIZ	EN OF WHAT COUNTR
achinist	Pangborn Corp.	Hagersto	wn Wash. Co	USA
3 FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
Henry E. Hart	ford	Lillie	M. Shoppert	
5 WAS DECEASEDEVER IN U. S ARMED FOR		NFORMANT CLAUDE S	HARA FORD	
Conditions, if ony, which gove rise to immediate couse (a) storing the under-lying couse lost.	1= m g hy	NOT PELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART I	Years.
				PERFORMED? YES NO
	205. DESCRIBE HOW INJURY OCCURRED	D. (toter noture of injury in P	off I or Port II or (lem 18)	
20c. TIME OF INJURY Month, Day, Ye Hour o, m 19	While Not while for of work of work	ACE OF INJURY fHome, form, clory, street, office bldg., etc.		unty) (Slote)
21. I certify that I attended the			M, from the causes and on the	
Olive dil	, IZ_Z_Z, and that death		M, from the causes and an the ADDRESS (Street, city or town, state)	date stated abov
ACTUAL SIGNATURE COLORS	Woodbala	м.о	1)5 le. krush	9/2/1
PHYSICIAN'S 2-16 M	Hoachlord	L	Hag ereham	
Property Park Control (1997)	DF 220-TJAME OF CEMETERY OF	emeleru	22d LOCATION (City, town, or county)	he Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Ato REC'E	BY REGISTRAR 246 REGISTRAR'S SIGN	ATUBE
Andrew K. Coffman	Hagerstown Md.	35267	6.195 Nonastr	780000

SECENTED:

BUREAU V. S.

VS A15 (4) 15M 9/55 I

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
1929	CERTIFICATE	OF DEATH	

()9932 Reg. Dist. No.

	PLACE OF DEATH					2. USUAL RESI	DENCE (Who	ere decease			sidence b	pefore admir	sion)
ì	a. COUNTY	ashington	1	MAR	(LAND	o. STATE Maj	rylan	đ	ь. соц	rede	ric	k	
4	b. CITY OR TOWN (II RURAL and give ne	outside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (IF or	ulside corpo	rote limits, wi	ite RURAL	ond give	nearest low	n)
1		stown		47 days		Ru:	ral- :	Myer	sville	·	, y	,	
ſ	d. NAME OF HOSPITA	AL (If not in hospital, p	jive street o	address)		d. STREET	ADDRESS					e IS RE	SIDENCE A FARM?
1		on Co. H	ospit	tal		Rt #7	/ Spr	uce :	Run Ro	oad			NO X
	3. NAME OF DECEASED	Fi	ref	Middle		La	ıt	4. DATE OF		Month		Day	Year
	(Type or print)	DAVID		EDWARD		HIMES		DEATH	Septe			16	19 57
	5 SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🚮 E	. DATE OF BIRT	Н		9. AGE (In yold)	egrs IF UN		EAR IF UND	
	male	white	WIDOWE			March		883	74	yrs.	Ins Do	ys Hours	Min.
ľ	10a. USUAL OCCUPATIO during most of work	IN (Give kind of work inc. life, even if retired	done 10b	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHP	ACE (Stole	or foreign c	ountry)	12	. CITIZEI	N OF WHA	COUNTRY
λ	Labore		Gen.	. Labore	r	Free	deric	k Co	. Md.		U.S	.A.	
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
1	W1:	lliam Hin	es			Amand	la Sto	ottle	emyer				
	IS. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. IN	FORMANT				Address			
	no		214	4- 14 - 6981	l Mrs	. Bert	ha F	inney	frock	, My	ers	ville	.Md.
		TH [Enter anly one co		ne for (a), (b), and (c).]							INTERVAL B	
1	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	, (Carcinoma	of	the Pa	ancre	as w	ith			4 m	
1	157x	DUE TO		generali	zed	metas	tasis						
1	Conditions, if or		à										
1	gove rise to in	nmediole Dus To											
1	lying cause last.) (0	:}										
1	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION	GIVEN IN	PART 1(c		AUTOPSY DRMED?
	CAT												NO 🔯
1	PART II. OTH PART II. OTH OR CONTRIBUTING UIF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	205. DESC	CRIBE HOW INJURY C	CCURRED	. (Enter nature c	of injury in P	art I or Por	1 II of item 18	.)			
		MEDICAL EXAMINER)											
1		Y Month, Day, Ye		UURY OCCURRED	20e. PLA	CE OF INJURY I	Home, form,	20f. (City	or town}		(Coun	nly)	(Stole)
П	Hour a.m.	19	While of work	Not while	100	ory, sireer, onic	E Didd.' etc.	'					
1	21. I certify th	ot I ottended the	decease	ed from 3/TO		, 19.55	to 9/	76	10	57 the	t I loci	t enur the	docenter
	olive onC	1	105	, -		occurred ot							
1	01110 0112222	* * * * * * * * * * * * * * * * * * *			deom	occorred oc			treet, city or to				ATE SIGNED
1	ACTUAL SIGNATURE	Larler S	7. 7	Less		A.D. Smi						9/18	/57
1	SIGNATORE		,				TAFFELEN						/
	PHYSICIAN'S NAME (Type)	Charles	F. :	Hess	Sm	1thsbu	rg, M	id.					
F	220 BURIAL, CREMATIO	N, 226. DATE THEREC)F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCA	TION (City, to	wn, or cour	nly)	(Sto	te)
	BUY 16 I Specify	9-19-19	957	Grossk	ickl	es			ersvi				•
	23. FUNERAL DIRECTOR"	SSIGNATURE	110	ADDRESS				BY REGIST	RAR 24b	REGISTRAR"	S SIGNA	TURE	
k	C. Collet	E 81++	In	Murena	0177	6M o	WOK!	2019	57 6	hrea	4/19	Deel	na



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VS A15 (4) 15ML 9/55 M

1		STATE DEPARTM	ENT OF HEALTH-	BALTIMORE, 18	09933				
	9930	CERTIFIC/	ATE OF DEATH	Re	g. Dist. No. 302				
ا	PLACE OF DEATH Washington	MARYLAND	2. USUAL RESIDENCE (When	e deceased lived. If institution, R					
1	b. CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RURAL	and give nearest town)				
	Hagerstown	5 mo.llday		port Ma RFD 1					
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Washington County Hos		Falling Wat	ters Road	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED John Frederick Hornbaker OF DEATH Sept. 8									
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.									
Hale white widowed Divorced July 21 1940 17 yrs 1 17									
	Oc. USUAL OCCUPATION (Give kind of work done obving most of working life, even if retired)	, KIND OF BUSINESS OR INDUSTRIAL COLOURS			2. CITIZEN OF WHAT COUNTRY? U. S. A				
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
ŀ	Ralph Jacob Hory			rgaret Boppe					
[Yes no or unknown] If yes, give wor or dates of service]									
ŀ	18. CAUSE OF DEATH [Enter only one couse per		• rectpil o. 1	ormaker "III	INTERVAL DETWEEN				
1		Paranoma o	1 Culow = n	netastorio	ONSET AND DEATH				
1	DUE TO	()						
1	Conditions, if any, which) (b)								
۱	gove rise to immediate Couse (a), stating the under-								
1	lying couse lost.) (c)	CONTRIBUTION DO DOLLAR GUI	LIAT BELLIED TO THE TOUR		120 1440 11 7000				
1	PART II. OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH ULT FITHER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	NOT RECATED TO THE TERMINA	AL DISEASE CONDITION GIVEN II	PERFORMED?				
1	200 ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Pol	rt I or Port II of ilem 18)	YES [] NO [S]				
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
1	<u> </u>		ACE OF INJURY (Home, form, clary, street, affice bldg., etc.)	20f (City or town)	(County) (State)				
1	Hour e.m. While P. m 19 of we	e Not while 100	crory, sneer, diffice diag., e.c.)						
	21 I certify that I attended the decea	sed from June	, 1955, to 8	2017 1957, the	at I last saw the deceased				
1	alive an Sept 19	and that death	accurred of 340	M, fram the causes and	an the date stated above.				
1	ACTUAL SOUNT LAND	/	28W. P	ODRESS (Street, city or town, stole	DATE SIGNED				
1	SIGNATURE CONTROL SIGNATURE		MD. 20W1-PG	Torrac 211-00	7 7 7 10 10 1				
	PHYSICIAN'S PAUL HAMI	c M.D.	Wilham	<u> </u>	ul				
ı	Burial (Specify) Sept. 10-5	7 Greenlawn C		2d LOCATION (City, fown, or con Williamsport					
	FUNERAL DIRECTOR'S SIGNATURE	illuemout 4	MA PORECE	Y REGISTRAR 245 TEGYSTRAN	AFF SECOND				
Ł			- Joseph .	The state of the s	7/6/				

DEALEGEIVED

BUREAU V.

9931 CERTIFICATE OF DEATH

Reg. Dist. No. 30%

PLACE OF DEATH O. COUNTY Washington MARYLAND L. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown L. LENGTH OF STAY IN 1b LAS Years LORD Fairground Ave. LORD Fairground Ave.									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIRAL and give nearest town) Hagerstown d NAME OF HOSPITAL [If not in hospital, give street address) OR INSTITUTION 49 Fairgraound Ave. 19 Fairgraound Ave. 19 Fairgraound Ave. 10 STREET ADDRESS CON A FARMY VES NOO 10 SEX 10 First Middle 10 SEX 10 For BIRTH 10 Day 10 DECEASED 11 SEX 12 OCTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 4. STREET ADDRESS ON A FARMY VES NOO 19 Fairground Ave. 10 SEX 10 DECEASED 10 SEX 10 DECEASED 11 DECEASED 12 SEX 13 COLOR OR RACE 14 DATE 15 DATE 16 COLOR OR RACE 17 MARRIED NEVER MARRIED DIVORCED NOV. 16, 1908 18 DATE OF BIRTH 19 AGE (In years I FUNDER I YEAR IF UNDER 24 HRS. If									
Hagerstown d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 49 Fairgraound Ave. 49 Fairgraound Ave. 49 Fairground Ave. Lost Lost Lost JATE DEATH Sept. 16 19 57 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 16, 1908 Middle White Widowed Nover done Divorced Nov. 16, 1908 4. DATE Sept. 16 19 57 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 16, 1908 Monith Day Wonths Doys Hours Min. O. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIVORCED NOV. 16, 1908 Magerstown Min. William C. Oden S. WAS DECEASEDEVER IN U. S. ARMED FORCES? Anna Barnhart S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 14. MOTHER'S MAIDEN NAME WILLIAM C. Oden S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 219-12-134 Raymond E. LeFevre, Hagerstown, Md. III. CAUSE OF DEATH (Enter only one couse per line for (c), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH									
Hagerstown d NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DO NA FARM? YES NO DO NA FARM? YES NO DEATH Sept. 16 19 57 6. COLOR OR RACE White WIDOWED DIVORCED NOV. 16, 1908 d. DATE OF BIRTH Sept. 16 19 57 6. SEX female White WIDOWED DIVORCED NOV. 16, 1908 d. DATE OF BIRTH Sept. 16 19 57 10 SEX female White WIDOWED DIVORCED NOV. 16, 1908 d. DATE OF BIRTH PAGE (In years lift UNDER 14 HRS.) Months Doys Hours Min. 10 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Hagerstown, Md. 12. CHIZEN OF WHAT COUNTR THE STREET ADDRESS VAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NO (Hyas, give wor or dora of starries) 219-12-134 [RayInond E. LeFevre, Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), gnd (c).] PART I. DEATH WAS CAUSE BY: PART I. DEATH WAS CAUSE BY: A CAUSE OF DEATH (Enter only one couse per line for (o), (b), gnd (c).] PART I. DEATH WAS CAUSE BY: A CAUSE OF DEATH (Enter only one couse per line for (o), (b), gnd (c).] PART I. DEATH WAS CAUSE BY: A CAUSE OF DEATH (Enter only one couse per line for (o), (b), gnd (c).] PART I. DEATH WAS CAUSE BY: A CAUSE OF DEATH (Enter only one couse per line for (o), (b), gnd (c).] PART I. DEATH WAS CAUSE BY: A CAUSE OF DEATH (Enter only one couse per line for (o), (b), gnd (c).] PART I. DEATH WAS CAUSE BY: A CAUSE OF DEATH (Enter only one couse per line for (o), (b), gnd (c).]									
OR INSTITUTION 49 Fairgraound Ave. 49 Fairground Ave. 49 Fairground Ave. Ves No Deceased No Deceased (Type or print) 5 SEX 6. COLOR OR RACE White Widowed Divorced Nov. 16, 1908 6. COLOR OR RACE Widowed Divorced Nov. 16, 1908 6. COLOR OR RACE Widowed Divorced Nov. 16, 1908 6. COLOR OR RACE Widowed Divorced Nov. 16, 1908 6. COLOR OR RACE Widowed Divorced Nov. 16, 1908 6. COLOR OR RACE Widowed Divorced Nov. 16, 1908 6. COLOR OR RACE Widowed Divorced Nov. 16, 1908 6. COLOR OR RACE Widowed Divorced Nov. 16, 1908 6. COLOR OR RACE Widowed Divorced Nov. 16, 1908 6. COLOR OR RACE Widowed Divorced Nov. 16, 1908 6. COLOR OR RACE Widowed Nov. 16, 1908 Month Opy Yeor 19 57 10 Jean Hours Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTR Hagerstown, Md. 14. MOTHER'S MAIDEN NAME William C. Oden S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH NOTHER SALES AND DEATH INTERVAL BETWEEN ONSET AND DEATH									
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SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years left birthday) Months Doys Hours Min.									
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years left birthday) Months Doys Hours Min.									
female White WIDOWED DIVORCED NOV. 16, 1908 48 yrs. Months Doys Hours Min. Oo. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) Hagerstown, Md. 12. CITIZEN OF WHAT COUNTR Hagerstown, Md. 14. MOTHER'S MAIDEN NAME William C. Oden S WAS DECEASEDEVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or date of service) 219-12-134 [Raymond E. LeFevre, Hagerstown, Md. 18. CAUSE OF DEATH [Enfer only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONE OF THE CAUSE (o) 10 CM CM COUNTR ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH									
Oc. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) Hagerstown, Md. 12. CITIZEN OF WHAT COUNTR Hagerstown, Md. 14. MOTHER'S MAIDEN NAME William C. Oden S WAS DECEASEDEVER IN U. S ARMED FORCES? (16. SOCIAL SECURITY NO 217. INFORMANT Address (17 No. or unknown) (17 yes, give wor or doras of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH (Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: (10 NAMEDIATE CAUSE (c)) (1 2000 Miles) (10 NAMEDIATE CAUSE (c)) (1 2000 Miles) (10 NAMEDIATE CAUSE (c)) (1 2000 Miles) (11 NITERVAL BETWEEN ONSET AND DEATH									
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3. FATHER'S NAME William C. Oden S WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT ON 17. INFORMANT Address Addre									
William C. Oden S WAS DECEASEDEVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If year, give work of doma of service) 219-12-134 [Raymond E. LeFevre, Hagerstown, Md. 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE BY: ONSET AND DEATH INVENTAGE CAUSE (c) 1 (1 - 2000) (1 - 2									
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PART I. DEATH WAS CAUSED BY: ONSET AND DEATH									
MANIFICATION OF CALLES (1) - CARP (MANIFICATION OF									
142 ~ IMMEDIATE CAUSE (0) - LETTER TYCHEN									
DUE TO CO I II A M 71 1									
Conditions, if any, which) (b) Carther Vanilar Leping Will Clymany)									
gave rise to immediate cose (a), stating the under DUE TO									
lying couse lost. (c) (c) (c) (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 1									
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port I or Port II of item 18.] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work o									
While Not while of work of wor									
21. I certify that I attended the deceased from 1957, to 16 February 1957, that I last saw the decease									
alive an 1957, and that death accurred at 4:45 PM, from the causes and on the date stated above									
ATORESS (Street, gity or town, stote) DATE SIGN									
SIGNATURE / / MARY M.D. 236 TV WWW. IT 17 STATE									
PHYSICIAN'S Frank F. Lusby, M.D. 230 N. Potomac St., Hagerstown, Mc									
20. BURIAL CREMATION, 226, DATE THEREOF 220 NAME OF CEMPTERY OF CREMATORY 224 LOCATION IC by these or county									
burial 9-19-57 Rose Hill Cemetery Hagerstown, Md.									
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 AEC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE									
Scott F. Minnich & Son, Hagerstown, Md. of 191957 Shash Beevel									

in by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be retained by the haspital ar attending physician.

TO FULL ALL DIRECTOR: After this certificate has been signed by the attending physician and completely find page and be detached for use as the burial-transit permit. Then please remaye carbon papers. Pagithe registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after deetal. VS A1S (4) 15M 9/S5

BUREAU V. S.

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BECEIVED

1								LENT OF H			TIMORE,	18	936)
3.5	X	It	ems 8 & 9	, Film G22] 9932	1, 10	/3/57 CE	RTIFIC	ATE OF	DEATH			Reg. Dis	I. No.	302,
directo villed with		1 P	LACE OF DEATH	Washington			MARYLAND	2. USUAL RES	Md -	era decesse	d lived. If institut b. COUNT			· ·
be f		Ł		autside corporate limit		c. LENGTH OF	STAY IN 16	c. CITY OR	TOWN (If as	tside corpo	rote limits, write			
eld a		_	Hage	rstown		18 da	ys		agerst	own				
by the fund d 2 should	81	Ĺ		n Co. Hosp		oodressj		54	W. Fra	nklin	St.		e. Y	S RESIDENCE ON A FARM? ES NOX
ri a		3. }	NAME OF DECEASED	Fire	s†		Aiddle	Lo		4. DATE OF	Ma		Day	Yeor
35			Type or print)	Harvey			F	Melling		DEATH	9		23	19 57
P &		5 5				NEVER A	AARRIED	Apr. #.	188 5		9. AGE (In years last buildes)			UNDER 24 HRS.
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ng physicion e remoy co 72 Jaul 96				IN U. S. ARMED FOR		SOCIAL SECURIT	Y NO 17.	INFORMANT			Ad	dress		
5,25	- 1			905-1912		19-20-00	96 Mr	s. Ruth	Monnir	iger	Hagerst	town, h		
andi pleos /ithin				TH [Enter only one co		ne for (o), (b), an	d (c)],	10	*				ONSET	AND DEATH
he of			201x	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO)	140-00	1 nm	0	lla	ال			├	you.
# y			Conditions, if or											
signed t perm d in or			gove tise to in couse (o), stating t lying couse lost.	he under-										
sician seen si ransit		Z		ER SIGNIFICANT CON		ONTRIBUTING T	O DEATH BU	T NOT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION G	VEN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
ng phys e he b buriol-h	1,, 8	Z												ES NO D
ending figore the bu		CERTIFI	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJ	JRY OCCURR	ED, (Enter noture	of injury in P	art I or Por	t (I of item 1B.)			,
ol or att his carts use os emotion		MEDICA	20c. TIME OF INJURY Hour e. m. p. m.	f Month, Doy, Yes	While	NJURY OCCURRE Not while k at work [D 20e. P	LACE OF INJURY octory, street, office	(Home, farm, ce bldg., etc.)	20f (City	or town)	(C	ounty)	(Slote)
ospite of for ol, cre			21. I certify the	at-attended the	deceas	ed from.	ept	. 19.5	7, to 2	3 Sc	MT. 195	7.,that 1 l	ast saw	the deceased
PR: A Poch buri			alive on 23	SYPE	120	2, and	that deat	h occurred at		-	n the causes		e date	stated above.
RECTO RECTO be de rior to			ACTUAL SIGNATURE	Janez	faa	L		м.р. 2	8W.	tato	mae (87.		25 Syst
retoine Nould Strar pri			PHYSICIAN'S NAME (Type)	PAUL	Har	71c, M	D.	W	'illi	ams	my	me	e	
Sa da		220	BUR-AL, CREMAT OF REMOVAL (Specify)	N, 22b. DATE THEREO)F	1		OR CREMATORY		22d. LOCA	TION (City, town,	or county)		(State)
0 g 4		22	Rurial	9-27-57		Rose	Hill		D4- #ECU	Ha BY REGIST	gerstown	L SSTRAR'S SIG	MATINE	Md.
VS A15 (4) 15M 9/55			red W. Kra		ersto	own, Md.			Sent	2419	57 64	estt?	300	cess

BUREAU V. E.

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1			MARY	LAND S	TATE DEPART	MEN	T OF HEALT	H-BAL	TIMORE,	18 ()	9937		
8 6			· M	EDICA	L EXAMINE	R'S C	CERTIFICA	TE OF	DEATH	Reg, Dist.	E)		
Bed (italy)	1.	PLACE OF DEATH		199-		2.	USUAL RESIDENCE (Where decease		tutian: Residence	before admission)		
		,	ashington		MARYLA		o. STATE Mary	/land	b. COUN	Washir	igton		
Page		b. CITY OR TOWN (If autiside corporate limits, write RURAL on accretion lawn) Sharpsburg 1 day					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Leitersburg						
ector.		d. NAME OF HOSPIT			priol, give street address)		d. STREET ADDRESS R # 5 Hagerstown o. 15 Reside						
d die	3.	NAME OF DECEASED	F	irst	Middle		Last	4. DATE	Man		YES NO Day Year		
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o the	5.	sex Male	White	VIDOWED	DEN NEVER MARRIED [3 8. DA1	Feb. 12,19		9. AGE (in years lost bighday)	Months Day	Hours Min.		
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Poge File po		s, no, or unknown)	ER IN U. S. ARMED FO	f service)	1 3-05-09 49	7. INFO	MANT	ler - i	Addres		vland		
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orm Par		PART I. DEA	TH WAS CAUSED BY:	·		due 1	to drowning	g	•	· ·	ONSET AND DEATH		
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s Officed o	CERTIFICATION			none							PERFORMED?		
d be		200. EXTERNAL CA PRIMARY TO CO CAUSE OF DEATH.	USE WAS NTRIBUTING []		med when lo					ishing	hoet		
word Shou	3	20c. TIME OF INJU	RY Month, Day, Yo	per 20d H	NJURY OCCURRED 200.	PLACE O	F INJURY (Home, form	n. 20f. (City	or fown)	(County)			
dico e 3	MED	5 130 次次	Sept. 19	157 of wor	rk at work		ivor		ral Sha	rpsburg	Wash Mo		
Pag Pag					emains described o				spectian 🗶	, Inquiry	, and find the		
Chief TOR:		death resulted	from: Natural	causes [], Accident 🗷,	Suicide	, Hamicide	e 🔲, Un	determined	cause 🔲.			
or the Chi		ACTUAL SIGNATURE	Robert	1 me	ella	M.I	D. CHIEF MEDICAL E	XAMINER 🗌			DATE SIGNED		
AAL Movel.		EXAMINER'S NAME (Type)	S. Robe	ert We	lle, M.D.		ASSISTANT MEDICAL		_		9-3-57		
for re	22	BURIAL CREMATIC REMOVAL (Specify	9-4-57	OF	22c. NAME OF CEMETERY Rose Hill	_		22d LOCAT	ION (City, town,	or county)	land (Stote)		
5. A15ME(S)	S	FUNERAL DIRECTOR	r Funeral	Home	- Hagerstown	n, Mo		D BY REGISTE	AR 24b. REG	ISTRAR'S SIGNA	TURE		
SM 9/55	H	1 tout day					/_			C	ev Jee		

BECEINED

BUREAU V. C.

2561 71 325

993 MEDICAL EXAMINER'S CERTIFICATE OF DEATH delay is necessary, please exercial director. Page 4 shauld be I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Washington b. COUNTY MARYLAND Maryland burial, b. CITY OR TOWN (If outside corporate limits, write BURAL E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give numeral town Lagerstown, Haryland 50 yrs Marerstewn Laryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? _loom Allev YES ANO A El.oem 3. NAME OF DECEASED Middle 4. DATE Month Year any (Type or print) DEATH 1957 fe 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS last birthday) Months Hours Min. .al.e WIDOWED [7] Colored DIVORCED [yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Public builling Georgia USA AHL JOI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Pages 1 Unk new Unknew 8. Givm Page ! 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address be executed within 2 silin llem 18. Give P g with farm PM3. Pag bi-tronsit permit. File 븚 Irene Suman Ave. :14-09-0 Joan de 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Perforated peptic ulcer with acute peritonitis IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Tb1 gove rise to immediate cause DUE TO (o), stoting the underlying couse last. O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS V ő PERFORMED? None NOX 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. none none 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not while Chief Medical factory, street, office bidg., etc. none at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry ... RECTOR: death resulted from: Natural causes X, Accident , Suicide . Homicide 1. Undetermined couse the the CANDIZ STAC ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATUR A Sc ASSISTANT MEDICAL EXAMINER S. Robert Wells, M.D. **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER TX 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION: (City, town, or county) (Stote) REMOVAL (Specify) 9 - 7 - 1957Cemeterv 1958 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REG SERAR'S SIGNATURE VS. A15/ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

SEP 11 1957

BECEIVED

1				M	ARYLA	AND ST	TATE D	EPARTM	ENT OF	HEALT	H-BAI	TIMORE,	8 ()9	939	
r oe		L	9934 CERTIFICATE OF DEATH Reg. Dist. No. 302												
director,		1.	COUNTY	Washing	gton	Coun	ty	MARYLAND	2. USUAL R o. STATE	ESIDENCE (W		ed lived. If institut b. COUNTY	on Residence Wash	before odmis	sion)
the funeral dire	and "	ŧ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 6 days						e. city o	ral -	outside corp Shar	orate limits, write f	URAL ond gi	ve nearest faw	n}
by the f	*	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hosp												e IS RESIDENCE ON A FARM? YES NO K	
in in and			NAME OF DECEASED (Type or print)	Ann	First			Middle	Mye	lost TS	4. DATE OF DEATH	Sept	ëmber	D027	Yeor 57
I campletely fi papers. Pag	17	5. 5	female	6. COLOR OF	hi ナム	MARRIED.		MARRIED	B. DATE OF B June	irth 10,	1884	9. AGE (In years last birthday) 73 yrs.	Months C	YEAR IF UND	
d comp poper feath.	1	100	USUAL OCCUPAT during most of wo HOUSE	orking lire, even i	of work dar f retired)		_	IESS OR INDU	STRY 11. BIRT		or foreign o	country)		EN OF WHAT	COUNTRY?
ion and carban a	- 1	13.	FATHER'S NAME	II L. L. C			WILL THE	OHIC	14. MOTHE	R'S MAIDEN	1	•		0025	
physicion imave cal		_		Marsha					Co	rneli	a Hir	nes			
5 5 5 K		15. (Yes	WAS DECEASED EV	VER IN U. S. ARM	dates of serve	202	:ial securit -18 -2	17 NO. 17. 1884 B	rd# 2		dw. 1		ress		
tending please of within 72			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]										TWEEN		
e off				MMEDIATE C	ED BY: AUSE (o)	Co	nyes	tive h	eart	failu	re			I MO	n'th'
ed by th mit. Th ony eve	Conditions, if	any, which)	which (b)							onths					
in pari			gove rise to couse (o), stoting lying couse lost	g the under-	DUE TO	Нуре	erten	sive,	arter	ioscl	eroti	c C. V.	disa	ease	5 Yr
bee de d		CERTIFICATION		tersignificant .	nt condit hydro	othoi	TRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITION GIV	'EN IN PART	PERFO	AUTOPSY DRMED?
ending ph ficate has the burial			20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	G O CAURE OF	DEATH	b. DESCRIB	INI WOH	JRY OCCURRE	D. (Enler natur	e of injury in	Part I or Pa	rt II of item 18.)			
ital or att r this certi or use as cremotian		MEDICAL	20c. TIME OF INJU Hour o. jt. p. m.		10	20d. INJUI White at wark	Not while	D 20e. PL	ACE OF INJUR	Y (Home, forr fice bldg., et	n. 20f. (Cit	y or lown)	(Co	unty)	(Stole)
After 1 After 1 thed for			21. I certify t		ed the d	eceased				to	9/27/	57 , 19 m the causes o	_,that I la	st saw the	deceased
d by the ECTOR: be detacted or to bu			ACTUAL SIGNATURE	10ti	_ H.	Sh	pole)			ADDRESS (S	treet, city or town,			ATE SIGNED
etained I DIR VId b	1			Walter	н. ;	Shea.	Ly (r.	D.	M.D. ,	Sharp.	SDATE	<u></u>		#2.d64.	1757-
ba sign		220	BURIAL CREMATIC	ON, 22b. DATE		-		CEMETERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)	(Stot	e)
Poge The r			REMOVAL (Specify	9/30	/57	м	t. V1	ew Ce	metery		-	sburg.		(577)	
VS A15 (4) 15M 9/55	(13.	Youald	SIGNATURE COL	Eles		rpers West	Ferr	У	240 REC	D BY REGIS		HRAR'S SIGN	Bace	ress
		-											14		

BUREAU V. S.

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VS A15 (4) 15M 9/5S I,

RYLAND	STATE DEPARTMEN	NT OF HEALTH-	BALTIMORE, 18
35	CERTIFICA1	E OF DEATH	Re

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8 () 9 9 4 () Reg. Dist. No. 302

	0000	CERTITIO		O DEATH	•	Re	og. Dist.	. No. 302	£	
PLACE OF DEATH				USUAL RESIDENCE (WI	era deceased	lived II institution:	Res'dence	before odmi	ission)	
Washington MARYLAND				Pennstlvania b. COUNTY Franklin						
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
RURAL ond give Hagersto			Mercersburg							
	PITAL (If not in hospital, give str	reet oddress)		d STREET ADDRESS		9	1 3		ESIDENCE	
	od Church Home			302 S.	Park S	treet			A FARM?	
3 NAME OF DECEASED	First	Middle		Lost	4. DATE	Month		Day	Yeor	
(Type or print)	GRACE	V.		MYERS	DEATH	September	9	20	19 57	
5 SEX	6 COLOR OR RACE 7 M	ARRIED NEVER MARRIED	B. D/	TE OF BIRTH		1 4 4 4 4 4 4		YEAR IF UN	DER 24 HRS	
Female	1111700	OWED DIVORCED			002	[4 yrs.]	ontha D	17 Hours	s Min	
10a. USUAL OCCUPAT during most of w	IION (Give kind of work done) orking life, even if retired)	10b. KIND OF BUSINESS OR INC	YUSTRY	11. BIRTHPLACE (Slote	or foreign co	ountry)			AT COUNTRY	
housewor				Mercers	burg,	Pa.	U.S	S.A.		
13. FATHER'S NAME			14	MOTHER'S MAIDEN N	IAME					
	s R. Myers			Alice	M. Kee	fer				
15. WAS DECEASEDES	VER IN U. S. ARMED FORCES?		INFOR			Address				
no		none	Rev.	Mark Wagn	er	Hagersto	wn,	Md.		
18. CAUSE OF D	EATH [Enter only one couse po	er line for (a), (b), and (c)]						INTERVAL	BETWEEN	
PART I D	EATH WAS CAUSED BY. IMMEDIATE CAUSE (0)							ONSET AN	D DEATH	
442.1										
Conditions, if	Conditions, if ony, which) (b) Charley 11 senter 5 .									
gove rise to	immediate (-					
Couse (a), statin lying couse las	S tue nucet- [
PART II. O		NS CONTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TERMI	NAL DISEASI	CONDITION GIVEN	IN PART	1[0] 19 WAS	AUTOPSY	
PART II. O									ORMED?	
20a ACCIDENT V	VAS UNDERLYING [206	DESCRIBE HOW INJURY OCCUR	RED (Er	iter noture of injury in f	Port I or Part	II of item 18)		1 120	7 (2)	
20a ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	IG CAUSE OF DEATH		·							
3 20c. TIME OF INJ	JRY Month, Day, Year 20	d INJURY OCCURRED 20e.	PLACE O	OF INJURY (Home, form	. 20f. (City	or town)	(Co	unty)	(Stole)	
Hour o m	. W	hile Not while	foctory,	street, office bldg , etc.	1		100		(3,0,0)	
	<u> </u>			7	2.7	. 1				
ے" ۔۔ ا	that I attended the deci	eased from	ر ک	, 19, ta	2 7 					
alive on		2, and that dea	th occ	7		the causes and				
ACTUAL	1.5-11.	11.115			ADDRESS (SI	reet, city or town, state	b)	- 1	DATE SIGNED	
SIGNATURE_4	part CV:	Strue)	_MD		11.2	- 6- 5 - 6 1 1 1			1/1-2	
PHYSICIAN'S NAME (Type)	1. >			t and	111	John		3 /		
220 BURIAL CREMAT	ION, 226. DATE THEREOF	22c, NAME OF CEMETERY	OR CRE	MATORY	22d LOCAT	ION (City, Iown, or co	ounty)	/Sw	ote)	
REMOVAL (Specif		Fairview C				cersburg.	5 1	Pa		
23 FUNERAL DIRECTO	PESSIGNATURE TITLE	ADDRECC	- utio		D BY REGIST		R'S SIGN	NATURE		
R. Transition	er Furieral Hom	Hagerstown,	Md.	Care L	R23.1	is de la	5 1 £	+190	1 resol	

BUREAU V. E.

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BECEIVE

VS ATS (4) 15M 9/55 M

		99	36	CERTIF	IC/	ATE OF DEA	TH	,	() () Reg. Dist. 1	941	2
3.	PLACE OF DEATH a. COUNTY a shin	gton		MARYL	AND	2. USUAL RESIDENCE 9. STATE Marylan		d lived. If institu a 5. count Washing	v	efore admissio	on)
	b. CITY OR TOWN (IF RURAL and give ne Hagers	outside corporate lim- arest lown)	ls, write	e LENGTH OF STAY II		c. CITY OF TOWN	(If outside corp	orofe limits, write	RURAL and give	nearest tawn)	
	d. NAME OF HOSPITA OR INSTITUTION Wash. Co		pive street	_		STREET ADDRESS	ederi	ck St		e. IS RESIL ON A F YES	DENCE FARM?
L	NAME OF DECEASED (Type or print)	RUSSELL	rsl	Middle LEE		PENTZ	4. DATE OF DEATH	Sept		57 1	
	Male	White	WIDOWE		53	Nov 19 18	396	9. AGE (In years last birthday) 60 yrs		/s Hours	Min,
	Paper Ha	N (Give kind of working life, even if retired anger	done 10b	kind of Business or letired	INDU	Mechani	chbur			JSA	COUNTRY?
15	RUSSES WAS DECEASED EVER		CES? 16	SOCIAL SECURITY NO		Camill NFORMANT	a R.		dress ansvill		·····
	PART I DEAT 4 20, 0 Canditians, if an gove rise to in cause (o), stating the lying cause last.	TH WAS CAUSED BY. IMMEDIATE CAUSE (of DUE TO Ity, which Immediate he under- (c)	Art Hy	perten ši v	e d	weaver ic heart d cardiovasc	isease ular	l is ease	argina °	2 yr	DEATH
CERTIFICATION						NOT RELATED TO THE TE			IVEN IN PART 1(o	PERFOR	MED?
	OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Ye			lOe. PL/	D. (Enter nature of injury ACE OF INJURY (Home, F	arm, 20f (Ci	rt II af (lem 18.) y or tawn)	(Coun	tvl	(State)
MEDICAL	Hour e.m.	19	While of work			ctory, street, affice bldg.,	elc.)				
	21. I certify the alive on Ser t	at I attended the	decease 195	ed from Arri		- 1 0	ADDRESS (m the causes Street, city or town	and an the o	date stated	above.
72	O BURIAL CREMATION		slev F	22c NAME OF CEMET	ERY O		stown 220 loca	Maryla		(Stote)	
23	REMOVAL (Specify) BUT122. FUNERAL DIRECTOR'S	10/2/5'	7	Rest Have	en			erstown	**	Go Mo	
	Andrew H	K. Coffma	n Ha	gerstown	Md	- 1	1.3.195	7 KH	wHBo	wer	0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



BUREAU V. E.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 302 necessary, please exitor. Page 4 should b PLACE OF DEATH 2. USUAL RESIDENCE (Where decapsed lived. If Institution: Residence before admission) o. COUNTY b. COUNTY c. STATE 0.0 MARYLAND Washington Washington b. CITY OR TOWN Its autside corporate limits, write RUSAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) D.O.A. Hagerstown: Hagerstown ector. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 69 Washington County Hospital 1109 Virginia Ave. deloy trol dire 3. NAME OF Middle 4. DATE Month DECEASED OF DEATH Potts. Sr. Robert September (Type or print) John fune the 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH IF UNDER TYEAR 5. SEX 9. AGE (In years retoined to Months 10 November 1, 1912 WIDOWED [7] DIVORCED [3 0 male white 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Hagerstown, Maryland own business Grocerman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry W. Potas Page 5 Grace Summers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Hester M. Potts Hagerstown, Maryland no P. G. 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c), } should be executed with pencil in Item 18.
I along with form PM a buriol-transit permit PART I, DEATH WAS CAUSED BY: Arteriosclerotic coronary heart disease IMMEDIATE CAUSE (D) DUE TO acute coronary thrombosis Conditions, if ony, which gove rise to immediate cause DUE TO (a), stoting the underlying couse lost. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1631 19, WAS AUTOPSY õ CERTIFICATION should be use 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18) none 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s PLACE OF INJURY (Hame, farm, 20f. (City or town) rriting the wiet Medical (R: Page 3 sh factory, street, office bidg., etc.) Not while 0 m none 19 al work ol work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry the Chief death resulted from: Natural causes Z Accident . Suicide . Homicide . Undetermined cause . ACTUAL CHIEF MEDICAL EXAMINER 20 SIGNATURE ASSISTANT MEDICAL EXAMINER S P Z S. Robert Wells, M.D. **EXAMINER'S** DEPU NAME (Type) DEPUTY MED CAL EXAMINER 1 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify) 0 Rose Hill Cemetery Hagerstown, Maryland Burial 23 FUNERAL DIRECTOR'S SIGNATURE
Suter-Rouzer Euneral Home ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15ME(S) Hagerstown. Md. 5M 9/\$5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES | NO X

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES 🖳

DATE SIGNED

(Slote)

9-16-57

NO [

(State)

U.S.A.

(County)

IF UNDER 24 HRS.

57

should in penci

BUREAU V. S.

SEP 20 1957

DECENAED

VS A15 (4) 15M 9/55

M

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9957	CERTIFICATE	OF	DEATH	

M

09943

			vañ. nisi	. 140.
1. PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Who	pre deceased lived. If institutions Residence b. COUNTY	e before admission)
WASHINGTON	MARYLAND	MARYLAND	WASHINGTO	<u> </u>
b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RURAL and gi	ve negrest fown)
SHARPSBURG	35 YEARS	X2 SHARP	SBURG	
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	oddress)	d STREET ADDRESS		. IS RESIDENCE ON A FARM?
120 ANTIETAM ST.		120 ANT	HETAV ST.	YES NOTE
3 NAME OF First DECEASED (Type or print) TRENE	Middle	lost	4. DATE Month OF DEATH SETOT 11 105	Day Year
11/15/115	C	PRY B. DATE OF BIRTH	Christian Table	YEAR IF UNDER 24 HRS
			fost birthday) Months (Days Hours Min.
FEMALE WHITE WIDOWS	day in the	EBRUARY 10	1864 93 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. during mast of working life, even if retired)	KIND OF BUSINESS OK INDUS			TEN OF WHAT COUNTRY
NONE				U.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
ALFRED COST			OVEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes, no, or unknown] (II yes, give war or dates of service]	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
NO NONE	NONE MIS	S NAOMI NU	NAMAKER SHARPSBU	RG MD.
18. CAUSE OF DEATH [Enter only one cause pociti	ne for (a), (b), and (c).]	·4 0		INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	nerglised	allenorde	rores	ONSET AND DEATH
HACO DUE TO	U			
Conditions if any which \				
gave rise to immediate				
lying couse last.				
PART II OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b DESCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED), (Enter noture of injury in P	art f or Port II of item 18)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				_
20c. TIME OF INJURY Month, Day, Year 20d. It White of war.	Nat while fac	ACE OF INJURY (Home, form, tary, street, affice bldg., etc.		ounty) (State)
21. I certify that I attended the decease	ed from Josef II	105/100	30x 1/ 195 / that 1 le	ast saw the deceased
alive an Alis 1 19.	17, and that death	annuard at A		
dive di	J. J., and mar deam		_M, from the causes and an th ADDRESS (Street, city or town, state)	DATE SIGNED
ACTUAL SIGNATURE	Van	MD. Be	nalvac	6/13/5
PHYSICIAN'S GW. Le	Van		Ind.	,
220 BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d LOCATION (City, town or county)	(Stote)
BURIAL SEPT.14 195	7 FAIRVIEW	CEMETERY K	EEDYSVILLE WASH.	CO.MD.
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'I	BY REGISTRAR 246. REGISTRAR'S SIG	NATURE
1 (C) - 1 (V)	HOLL.	h	1,10 ch C 1/1	V /

EUREAU V. S.

SEP 19 1957

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BULLAU V. S.

7, 100

VS A15 (4) 15M 9/55

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

09945

	3938	5	CERT	IFICA	TE OF	DEATH			Reg. Dist. No	30	>
1 PLACE OF DEATH a. COUNTY	GUTNODON		***	RYLAND	2. USUAL RES			ed. If institution	n Residence bef		
	ASHINGTON		******			MARYL			L. ASHI:		
b. CITY OR TOWN RURAL and give	(If outside corporate limits, nearest town)	write c.	LENGTH OF STA	Y IN 16	c. CITY OR	TOWN (If or	stride corporate	limits, write RU	IRAL and give ne	rarest town)	
HAGAF	STOLN. MD.		2 DAYS			H	IAGERST	'OwN			
d NAME OF HOSE OR INSTITUTION	PITAL (IF not in hospital, give	street add	ress)		d STREET	ADDRESS				e. IS RESIDENC	E
	SHINGTON CO	2700	SPITAL		136	FAIR	GROUNI	AVE.		YES NO	
3. NAME OF	First		Midd	lie	lo		4. DATE OF	Mont	h D	ay Year	++
(Type or print)	WELCHOR A			MAE	RENNE	R	OF DEATH	SEPT.	7	19 5	7
5. SEX		MARRIED	NEVER MARI	4 44 444	. DATE OF BIRT	14.4	9. A	GE (In years	IF UNDER 1 YEA		IRS.
FEMALE		VIDOWED [MOW 2	0 19	96	ost birthday)	Manths Days	Hours Mi	n.
TOO. USUAL OCCUPAT	ION (Give kind of work do				TRY 11 BIRTHP				12 CITIZEN	OF WHAT COUR	JTPY
during most of we	orking life, even if refired)	1 .					_	,			4161
TOME I	JUTLES	1	NONE		14. MOTHER:	PAU			U,	S.A.	_
	T MULTINOD II	t D G II									
	H MELCHOR H			- 1 0		SAN M	IYERS				
(Tes, no, or unknown)	(If yes, give wor or dotes of servi	ce)	CIAL SECURITY N		FORMANT			13000	AIRGRO	OUND AV	E
NO			9-34-11		MRS H	AZEL	GROVE	HAGEI	RSTOWN	MD.	
	EATH [Enter only one cous	per line f	or (o), (b), and (c	0-1	. (L'4.		ERVAL BETWEEN	
PART I, DI	EATH WAS CAUSED BY. IMMEDIATE CAUSE (6)_	7	emor	sha	aic	Tan	creat	ilia		2 dai	10
	DUE TO				1					0	
Conditions, if					V						
gave rise to couse (a), statin	immediate (
lying couse las											
PART 11. O	THER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE CO	NDITION GIVE	N IN PART I(a)	19. WAS AUTOP	SY
Š	Chra	nic	ω	no	Lite.	asi	t		. /	PERFORMED?	5
20a. ACCIDENT V	VAS UNDERLYING 20		E HOW INJURY	OCCURRED	(Enter noture			f item IBA		ita Kid ino	Ш_
□ CONTRIBUTION	IG CAUSE OF DEATH				(
	JRY Month, Day, Year	20d INDE	RY OCCURRED	20e PLA	CE OF INJURY	/Home form	20f. (City or t	aak			
Hour o. n	. 10	While	_ Not while	foci	ary, street, offic	e bldg., etc.)	i zor. (Griy Gri	own	(County)	(310	ote)
	,	of work	, ,	-	- /-		1				
21. I certify	that I attended the d	eceased		215		2, 10, 20	ept 7	, 1952_/	,that I last s	aw the dece	asec
alive on	SUPAT 6.	, 12,2_,	Z, and the	at death	occurred at	B1300	M, from th	e causes as	nd on the do	ate stated ab	ove
	XI DO	12				A	DDRESS (Street,	city or town, s	tote)	DATE SIG	NED
SIGNATURE	TENTEXXX	Dr	ewer	^	l.D	20	X166	2		9/7/	5
PHYSICIAN'S	2 3 5/1 -/	D	Ric			00		1	`	1111	1
NAME (Type)	1dVId	1)1-	Die	WE	7	Cle	ar -	ypri	no	Med	,
	ION, 226. DATE THEREOF	22	2c. NAME OF CE	METERY OR	CREMATORY		228. LOCATION	(City town, or	county)	(Stole)	
REMOVAL (Specif	M SEPT 10	.195	7 ST.	PAUL	S. CEM.		WESTE	ASH 1	CE RÔIE	(Stole)	
23. PUNERAL DIRECTO			ADDRESS		J. GIIIIA	240/RECID	BY REGISTRAR		TRAR'S SIGNATU		
00.1	no h					rolf	-11160		1/1/2	in a la	4.0

SEP 13 1957

BUREAU V. S.

by the funeral director, d 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNITY DIRECTOR: After this certificate has been signed by the ottending physician and campletely fill page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages the registrar prior to burial, cremation, or removal, and in any event within 72 hours after destine-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9939

()9946 Reg. Dist. No. 302

1	PLACE OF DEATH				# (Where deceased		ni Residence	before admis	sion)
	Wash	ington	MARYLAND		land	b. COUNTY	Wash	ington	
			c LENGTH OF STAY IN 16	c. CITY OR TOW	N (If autside corpo	rote limits, write RU	RAL and giv	e nearest tow	n)
	Hagerstown		3 weeks	$\times 2$ Will	Liamsport	(Mt. Ta	many)	
	d. NAME OF HOSPITA	AL (If not in hospital, give stree	t address)	, d STREET ADDRI	ESS			e. IS RE	SIDENCE
		Washington MARYLAND O STATE Maryland C COUNTY Washington COUNT OF TOWN 16 outside corporate limit, write and give necessal town) Green protection of give street oddress) 3 Weeks Williamsport (Mt. Tammany) d STREET ADDRESS ** BEELDPRICE OF STATE OF STATE							
3	NAME OF DECEASED	First		lost					
	(Type or print)	CLEVER	MC KEE	REYNOLDS	DEATH	Septemb	er	30	1957
\$. :	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH					ER 24 HRS.
	ale	111001		- 4		58 yrs.	Months D	oys Hours	Min.
100	USUAL OCCUPATIO	N (Give kind of work done 100	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE	(State or fareign co	ountry)	12. CITIZ	EN OF WHA	COUNTRY?
V	ocational	Instructor fo	r Males	Hagersto	own. Marv	land	U.	S.A.	
13.	FATHER'S NAME			14 MOTHER'S MAI	DEN NAME				
	James	M. Reynolds		Lulu	B. Snave	ly			
15.	WAS DECEASED EVER		S. SOCIAL SECURITY NO 17	NFORMANT		Addre	***		
1.	no	1 100 00000	214-09-1784	Mrs. Thelm	na V. Rey	nolds Mt	Tam	naney	
	18. CAUSE OF DEA	TH [Enter only ane couse per	line for (a), (b), and (c).]	10				INTERVAL B	ETWEEN
	PART I DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Managari	Hirons &	Lesis.				
	420.0	1 /			/ 1				
	7	iv. which 1	H- Louis DC	Printing	1000 V	desea	20	11 1	111
	gave rise to in	mediote Out TO	y million -	. 0	1	00000		11 0	y 20
	tying cause last	ne under-	WITH ON	I Jufe	asction	ŝ		-	
Z			CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE	E CONDITION GIVE	N IN PART I	(o) 19. WAS	AUTOPSY
CATION		Benish m	ostote Ky	neste upl	4				
150	20a ACCIDENT WAS	S UNDERLYING 1 206 DE	SCRIBE HOW INJURY OCCURR	D. (Enter nature of inju	ery in Part I or Part	(I of item 18)			
L CERTI	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
N.	20c. TIME OF INJURY			ACE OF INJURY (Home	form, 20f (City	ar tawn)	(Co	unty)	(State)
MEDI					,,				
	21. I certify the	at I attended the deced	sed from Au L	, 19.75, to	SPAF	30, 1957	that I la	st saw the	deceased
	alive on	ept. 29 10.	2 2 and that death	occurred at &	/ 7 \				
	(4	7 11 (11/	~	ADDRESS (SI	reel, city ar tawy, s	tote) /		
	ACTUAL SIGNATURE	vail W. W.	HO-III,	MD. 2110	v . ω ω .	hun, to	u St	10/11	157
	PHYSICIAN'S NAME (Type)	ward w. Dir	to III m. D.	an 20.70	nshi wata	wst b	I BOLK.	stown	nd.
220	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c NAME OF CEMETERY C	R CREMATORY	22d (OCA)	ION (City, Iown, or	county)	(Sto	le)
	Burial	SPIRAL (If not in hospital give street oddress) NON Country Hospital A STREET ADDRESS							
² S	uter-Kouze	r runeral Home			ALCO BY REGIST	RAR 24b REGIST	RAR'S SIGN)	aso)
	in therethe bearing	7 - 7 - 7				1 July	11,5		

BULLAU V. R.

JCT ₹ 1957

CZ Armi

BUREAT! K

SEP 13 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9940 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a county ashington Maryland washing ton MARYLAND b. CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL ppd give nearest fown) 22 Yrs Т Hagerstown Hagerstown or institution of the orgin. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1046 ceorgia Ave YES NO NAME OF M Middle 4. DATE Month Lost Year DECEASED (Type or print) DEATH THEADORE SECORD Sept 19 5. SEX MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Male WIDOWED DIVORCED | June 5 YES 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Md Plasterer USA Retired Hagerstown Wash. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Secord Elizabeth ast name unknown physici 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Burpu No Mrs Viola Secord 220-09-7717 Georgia ILO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PAST-IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES TO NO 200 ACCIDENT WAS UNDERLYING II OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20c TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour a, m. While Not while at work at work 21. I certify that I attended the deceased from Lithat I last saw the deceased and that death accurred at .M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S Richard Binford NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) Funkstown Wash. munkstown Cemetary 0 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'A BY REGISTRAR 24b REGISTRAR'S SIGNATURE Andrew K. Coffman Hagerstown

within 24

DAGED.

BUREAU V. S.

OCT & 1957

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO ILUMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages hould be detached for use as the burial-transit permit. Then please remove carban papers. Ilag and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

C' t

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

QQA: CERTIFICATE OF DEATH

(19949) Reg. Dist. No. 302

	Reg. Dist. No. OOS
1. PLACE OF DEATH O COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE b COUNTY
*ashington makitano	Maryland Washington
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lawn)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown 7 Weeks	Hagerstown
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS o. IS RESIDENCE ON A FARM?
Wash. County Hospital	426 East Franklin st YES NO R
3. NAME OF First Middle	Last 4 DATE Manth Day Year
(Type or print) EMMA FLORENCE	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED	Mar 4 1875 82 yrs. Manths Days Hours Min.
NOo. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDE	JSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Frederick County Vo USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christian Shirley	Rhoda Adams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	
4.0	rs Dorothy H. Semler 122 E. AntietemSt
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	Hagerstown Md. Interval Between
PART I. DEATH WAS CAUSED BY: Branch	ONSET AND DEATH
1 3 4 5	
Carlines is an exist Carlon of	Daylo Aleel of 1 year
gove rise to immediate (process of capacity
couse (a), stating the under	Person Unton
, (1)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/2/129 WAS AUTOPSY
E 722 = There = 1/1 = 2	PERFORMED?
200. ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW NURRY OCCURR	
3 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
p. m. 19 of work of wark	
21. I certify that I attended the deceased from Occ 18	1954 to Level, 7 1957 that I last saw the deceased
1 2 2	
1000	ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL SIGNATURE LA GALLE	M.D Hagerstown, Pd.
PHYSICIAN'S L. L. Packer, Jr. M.D.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
DECASED PRINTS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	
Andrew K. Koffman Hagerstown Md.	12,1987 6hest Bowess
· · · · · · · · · · · · · · · · · · ·	

VS A15 (4

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BECEINED.

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9 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °			9960	DICA	LEXAMINE	R'S	CERTIFICA	IE OF	DEATH	Reg, Di	tt. No.	3 305	
should		PLACE OF DEATH					2. USUAL RESIDENCE (Where deceas	ed lived. If instit	ution, Reside	nce befo	re odmiss	ion)
를 를 (M.)		a. COUNTY	ashington		MARYLA	ND	a. STATE Mass		b, COUNT	M Bris	tol		
Se 10 8 3		. CITY OR TOWN (If outside corporate limits, write I	RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (arest fown	n)
Por Por	l	and give records town	*		1 day		New B	edford	. *	8			
for.			TAL OR INSTITUTION (IF	not in hosp	pital, give street address)		d. STREET ADDRESS		•			e IS RES	IDENCE FARM?
direction of price of	L	U.S. R	t 11 south				693 Shawmu	t Ave.				YES 🔲	
dela dela dela dela dela dela dela dela		NAME OF DECEASED	First		Middle		Lori	4. DATE	Meni	h	Doy	Yeo	ar
ALC		(Type or print) F	RANK	MEI	EIROS	S	ENNA, JR.	DEATH	Septemb	er	5	19	57
구 일 일 일 일 일 일 일 일 일 일 일 일 일 일 일 일 일 일 일	5, 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	-			9. AGE (n years lost birthday)	IF UNDER		IF UNDER	R 24 HRS. Min.
# 5 # F		male	WILL OC	WIDOWED		- 1	anuary 22,		מע [וֹן	Months 7	13	Hours /	Min.
2000	100	. USUAL OCCUPAT! Juring most of worki	ON (Give kind of work do ng life, even if retired)	one 10b. K	IND OF BUSINESS OR INC	OUSTR'	11. BIRTHPLACE (State	or foreign c	ountry)	12. CITI	ZEN OF	WHAT C	OUNTRY
ond on the	1_	Kitchen	Help	R	estraunt		New Bedfo	-	58.	U.	S.A.	•	
1, 2 1, 2 1, 2 1, 2 8 1	13.	FATHER'S NAME					14. MOTHER'S MAIDEN						
Houngas and a second			Senna, Sr.					known					
Pogralle p	[Yes	, no, or unknown)	/ER IN U. S ARMED FOR(reicej	41		ORMANT		Address				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\vdash	Yes	Korean		6-01-2495	R	Franklin	douzer	Hager	stown,			
P.S. Z.			ATH [Enter only one couse ATH WAS CAUSED BY:	e per line f							ONSE	AL BETWEEN	H
aute orm 1 t per t		5500	IMMEDIATE CAUSE (a)				edxas ye	<u>ic</u>					
it for		20 0.3	DUE TO		Aspiration			_					
3 1 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Conditions, if a gove rise to imme	dinte couse		Massive he	emo.	rrhage fro	n lung	S		-		
pen pen long		(o), stating the			D-1-1-1-1-1-1	7.2 .	3 7						
* .E 90 %	z		HER SIGNIFICANT COND	TIONS CO	NTRIBUTING TO DEATH B		d during co				3/01/19	TA 2A VAL	UTARSY
TO THE OFFICE OF THE OFFICE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF	ATIO	, , , , , , , , , , , , , , , , , , ,	none		The state of the s	01140	in receipt to the levil	111/1/10/31/13	constitution of	TEIS NG I AKI		PERFOR	MED?
endif endi	E S	20a. EXTERNAL CA			HOW INJURY OCCURRED	D. (Ent	er noture of injury in Po	rt I or Port II	of item 18 1		- '	:3 E]	NO []
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VS ATSME(5)	23.	FUNERAL DIRECTOR	zer Funeral	Home	ADDRESS Hagerstown,	MA	24a. CEC	D BY REG ST	RAR 246 REGI	STRAR'S SIG			11/
5AA 9/55		R. Franklin	Pragu		Trage 12 COMIL,	TAI.	900	3.11.19	5/40H	ast ta	20	we	W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BOBERO A E.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18) == -#
	9961 CERTIFICATE OF DEATH	101 No. 302
director.	1. PLACE OF DEATH o. COUNTY Washing town MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence of STATE with the County washing town to the county washing town to the county washing town to the county washing to the	before admission)
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icote brasician	Abram Ebersole Fannie Horst	
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tottend en plea	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
uires that the signed by the permit. The d in any even	Conditions, if ony, which gave rise to immediate code (a), stoling the under-lying couse lost.	Jan Janeyo
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ENDING he hospine R: After oched fo ourial, c	alive on 2 2 27, 19, and that death accurred at 2304. M, from the causes and an the	t saw the deceased date stated above.
ned by the price to be detected by the price to be detecte	ACTUAL SIGNATURE	DATE SIGNED
e retoin	PHYSICIAN'S NAME (Type) EUCHTITUS	
moy by	220. BURIAN GREMATION, 22b. DATE THEREOF, REMOTE (Specific) 9/25/57 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City location), or country with the control of the country of the co	us Ja
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE GORESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CASE. MELLEN CONTROL OF THE STATE OF THE SIGNATURE CASE. THE SIGNATURE CASE OF THE SIGNATURE CASE OF THE SIGNATURE CASE. THE SIGNATURE CASE OF THE SIGNATURE CASE OF THE SIGNATURE CASE. THE SIGNATURE CASE OF THE SIGNATURE CASE OF THE SIGNATURE CASE. THE SIGNATURE CASE OF THE SIGNATURE CASE OF THE SIGNATURE CASE. THE SIGNATURE CASE OF THE SIGNATURE CASE OF THE SIGNATURE CASE. THE SIGNATURE CASE OF THE SIGNATURE	Bowers
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BUREAU K

SEP 25 1957

9962 CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived off institutions Residence before admission) n. COUNTY b. COUNTY be filed MARYLAND WASHINGTON WASHINGTON MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) pluods GROVE RURAL OCUST OCUST GROVE YEARS d NAME OF HOSPITAL (If not in hospitol, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO ROHRERSVILLE MD.R. ROHRERSVILLE MD R 4. DATE NAME OF Month Middle Year DECEASED OF DEATH (Type or print) ALT CE SEPTEMBER 16 EMMA SMITH 19579 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED TI B. DATE OF BIRTH 9. AGE (in years lost birthday) Months Dovs DIVORCED [WIDOWED-REMAIR 1866 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if ratired) Puo HOUSE WIFE OWN HOME TREGO WASH CO.MD II.S. pou g et 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Ö NO RECORD SOPHIA ROHRER DICK 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address ding NCNONE NOME ROHRERSVILLE WASH.CO.MD 18. CAUSE OF DEATH [Enter only one couse per line for (6), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BYIMMEDIATE CAUSE (o) **DUE TO** þ Conditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) WEDICAL 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour a. m While Not while of work of work 21. I certify that I attended the deceased from that I last saw the deceased alive on_ that death occurred at-M, from the causes and on the date stated above. DATE SIGNED ADDRESS (Street, city of town, stell) DIRECT ACTUAL SIGNATURE P PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMBURTAT 9 SEPT.1 LOCUST LOCUST GROVE WASH .CO 01 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR V5 A1S (4)

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HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

COLLEAU V. W.

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MEGENALL

VS A15 (4) 1SM 9/55

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
9942	CERTIFICATE	OF DEATH	Re

09953 Reg. Dist. No. 30 21

1 PLACE OF DEATH				2. USUAL RESIDENCE	Where decease	d lived If institut	ioni Residence bei	ore admissi	ion)
as county		MAR	YLAND	o. STATE	and	b. COUNTY	^w ashi n	rton	
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"ageratewn, laryla	ani	50yra.		Tagerato	own, II	aryland			
d NAME OF HOSPITAL (If not in hospital, g	ive street or	ddress)		d. STREET ADDRESS			i	e. IS PESI	DENCE FARM?
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3. NAME OF Fire	ıt	Middle	*	Lout	4. DATE	Mai	nth E	Day Y	/ear
(Type or print) George		Van		Sucith	DEATH	Sept	8	1	957
5 SEX 6 COLOR OR RACE	7 MARRIE	DENEVER MARR	IED 🔲	B DATE OF BIRTH		9. AGE (In years lost birthday)	Months Days		
fale Celered	WIDOWED	DIVORC	ED 🗌	Mar 6 1895	5	ು≳ y⊓	Monnis Days	Hours	Min
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13. FATHER'S NAME				14 MOTHER'S MAIDEN	NAME				
James E. Smith				Florence	e V. C	lark			
15, WAS DECEASEDEVER IN U. S. ARMED FOR [Yes, no, or unknown] L. [If yes, give wor or dates of se	CES? 16 SO	OCIAL SECURITY NO	5 17. 11	NFORMANT		Add	lrass		
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18. CAUSE OF DEATH [Enter only one co	use per line	for (a), (b), and (c)]					TERVAL BE	
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3 20c. TIME OF INJURY Month, Day, Yea	r 20d INJ	IURY OCCURRED	20e PL/	ACE OF INJURY (Home, fo	arm. 20f. (Cit	y or town)	(Count)	()	(Stote)
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SIGNATURE //	No. Comment	/		M.D. بىللىغارىك بىلىمىيىدىن.	4-5-11-4-4-6	المُ المُحْمَّدِ مِنْ الْمُرْمُلِينَا الْمُ		Z	-2-2:
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23. FUNERAL DIRECTOR'S SIGNATURE	0-	ADDRESS	+	24g/RE	G'D BY REGIS	TRAR 246 REG	STRAR'S SIGNAT	PRE	-4.41
John D Walton	· 175 ·	Nagura	Low	THE WOODS	4/117	3/6/12	tattZ	200	aru

BUREAU V. S.

SEP 13 1957

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ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18 000) [
9943	CERTIFICATE	OF	DEATH	093	

1	234)	CERTIFICA	TIL OF DEATH			Reg. Dist. N	0000	
,	PLACE OF DEATH O. COUNTY Washington		MARYLAND	2 USUAL RESIDENCE (Who	ere deceased live	b. COUNTY			ion)
	b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town)	write c LEN	IGTH OF STAY IN 16			mils, write RUI	RAL and give n	earest low	1)
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	13. FATHER'S NAME			14 MOTHER'S MAIDEN N	AME				
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	(Yes, no. or unknown)					Addres	18		
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	lying couse lost.) (c)	140	Theerter	ns10n - 11	reart	bloc	-K.	1/2	67.
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	P. m. 19		As Ascitted	tary, street, attice blag., etc.)					
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	220 BURIAL CREMATION, 226 DATE THEREOF	22c N	NAME OF CEMETERY O	1	44		county) V	a. (State	e)
	Burial 19/28/57					nburg	Rocki	ngha	m Co
			DORESS		BY REGISTRAR			URE	- 1 ^
	Andrew K. Coffman I	Hagers	town Md.	DARAY.	28.1957	BRO	11/20	see	eeq

VS A15 (4) 15M 9/55

BUREAU V. E.

DE I 1057

VS A1S (4) 1SM 9/S5

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	×1		d. NAME OF HOSPIT OR INSTITUTION	RSTOWN AL (If not in hospitol, g .CO.HOSPT	ive street oddress)		d. STREET		TOMAC &	S.M	AIN		FARM?
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· É		1	MALE	WHITE ON (Give kind of work ting life, even if retired)	WIDOWED 1	DIVORCED	NOVEME	3ER 17	9. AGE (1 lost bir	hdoy)	Months Doys	Hours	Min.
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emation, o		MEDICAL CI	20c. TIME OF INJUR Hour o. m. p. m.		While Not v		LACE OF INJURY	(Home, form, te bidg., etc.)	20f. (City or town)		(County)		(Stole)
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the registr		22°	BURIAL, CREMATIC TOMBUEN	N. 225 DATE THEREO	1	ME OF CEMETERY O			20 LOCATION (CITY, BOONSBOR		county)	(Stot	e)
4)	V	23.	COST DIM	S SIGNATURE	Berush	ness to Evans	. C. md	1 / 4	BY REGISTRAR 24 ,25,1757	o HA	RAR'S SIGNATU	RE Gel	erd

Evarl. Cu. md. prof. 25,175

BUREAU V. E.

SEP 27 1957

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9945 Rea, Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b. COUNTY** MARYLAND larvland ashington Washington b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 3 weeks Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE Jackson Convalescent Home 105 N. Potomac St YES NO TO NAME OF DATE OF DEATH First Middle Day Yeor DECEASED (Type or print) ROIV 195 within 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min white WIDOWED T DIVORCED | Male yrs. 10a. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stale or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? er de achenist Machine. Too] Ringgold, Md Dut after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 Jacob F. Wagner Elizabeth Manns move 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 613 S. Add Otomac St. No 199-07-71154 Waynesboro, Pa. Wagner 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) weddler DUE TO dny Conditions, if ony, which gove rise to immediate ě DUE TO cause (a), stating the underlying couse lost. burial-Iransit PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY removal, PERFORMED? YES [7] NO K 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. n. While Not while at work of work p. m. 21. I certify that I attended the deceased fram and that death occurred at_____M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 0 PHYSICIAN'S NAME (Type) Howard N. Weeks.M.D. Hagerstown, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 5 REMOVAL (Specify) Green Hill Penna. Waynesboro ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

ECCUTO A 2

JČL S 1921

DECENTED NED

VS A15 (4) 15M 9/55

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	MARYL	AND :	STATE DEPAR	TME	NT OF HEALTH	-BAL	TIMORE, 1	8		
	9946		CERTIF	ICA'	TE OF DEATH	1		Reg. Dist	995 No.	102
PLACE OF DEATH • COUNTY	Washington		MARYLA	- 16	2. USUAL RESIDENCE (WHO STATE Md.	ere decesse	d lived. If institution b COUNTY		before od hingt	
RURAL and give ne	outside corporate limit crest lown)	, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o	· ·	erote limits, write RI	JRAL and gi	re negrest (lown)
Hagers	town		2 mos.		Hagerst	own				
d NAME OF HOSPITA	KL (If not in hospital, gr	re street o	ddress)		d. STREET ADDRESS					RESIDENCE N. A. FARM?
	mor Rest H	ome			518 Wash	ingtor	Square		-	NO CX
NAME OF DECEASED	Firs		Middle		Lost	4. DATE	Mont	h	Day	Yeor
(Type or print)	Paul		В	Wa	tlington	OF DEATH	9		6	19 57
SEX	6 COLOR OR RACE	7 MARRII	D NEVER MARRIED	□ 8.	DATE OF BIRTH			IF UNDER 1	YEAR IF U	NDER 24 HRS
male	white	WIDOWE			uly 18, 1876		lost birthday)	Months [Days Ho	ors Min.
o. USUAL OCCUPATIO	N (Give kind of work ding life, even if refired)	one 10b. K	IND OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE (Stote	or fareign c	ountry)			HAT COUNTRY
reti	red	_ M	inister		Virgin:	ia		J	J.S.A.	
FATHER'S NAME	r				14. MOTHER'S MAIDEN N	IAME				
L	enknown	,			un	knou	m)			
	IN U. S. ARMED FORG		OCIAL SECURITY NO	17. INF	ORMANT		Addr	0 13		
70		n	one	Bet	ty Watlington	n Ha	agerstown	Md.		
	TH [Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per ligh	Projective	He	of Brose					L BETWEEN AND DEATH
40,0	DUE TO		2001	<i>a-7</i>	timbe:				0/0	la

L	Martin M	lanor Rest Hom	<u>e</u>		518	Washi	ingtor	Square		YE	5 NO NO		
3	NAME OF DECEASED	First	Middle		Lost		4. DATE	Mon	th	Day	Yeor		
П	(Type or print)	Paul	В	Wat	Lington	n	DEATH	9		6	19 57		
5	. SEX	6 COLOR OR RACE 7	MARRIED NEVER MARRIED	8. D/	ATE OF BIRTH	1		9. AGE [In years		YEAR IF	UNDER 24 HRS		
	male		OWED DIVORCED	_	ly 18,	1876		fort birthday) 81 yrs			oves Min.		
10	90. USUAL OCCUPATE during most of wor	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPL	ACE (Stote o	or fareign c	ountry)			HAT COUNTRY?		
		ired	Minister		V.	irgini	La		U	S.A			
13	3. FATHER'S NAME												
L		Unknown				und	enou						
	Yes no or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO	17. INFOR	LMANT			Addi	1013				
	710		none	Betty	Wat]	ingtor	n Ha	gerstown	. Md.				
Г		ATH [Enter only one couse p	per list for (c), (b) and (c))	-11	-4						AL BETWEEN		
1	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Mywoodrive	1700	1 6/14	eose				4	YRAYA.		
П	4-00,0	DUE TO		-	0 1					-	·		
ı	Conditions, if any, which) (b) Gertale & Cottoloco									7-90.			
1	Conditions, if ony, which gove rise to immediate couse (a), storting the under-												
	lying couse lost (c) Nifplant CCO VOIS.												
LaCit a Signal	PART II. OT	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART I	P	VAS AUTOPSY ERFORMED? S NO		
- 1		20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)											
4.500	20c. TIME OF INJU Hour o. m. p. m.	, W	Od. INJURY OCCURRED /hile Not white twork of work		OF INJURY () street, office			or lown)	(Co	unly)	(Stote)		
	21. I certify t	21. I certify that I attended the deceased from Dec. 1953, to Sept. 6th., 1957, that I last saw the deceased											
		alive an Sent 76th. 2 1957, and that death accurred at 7 A M, from the causes and an the date stated above.											
		ADDRESS (Street, city or town, state) DATE SIGNED											
	ACTUAL SIGNATURE	1 Luz XM Glemen M.D.									9/7/5		
	PHYSICIAN'S NAME (Type)	Philip J. Hirs	shman, M.D. 15	9 W.	Washin	gton	St.,H	agerstown	n, Mar	yland	1		
2	20. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMET	RY OR CR	EMATORY		22d. LOCA	TION (City, town, o	or county)		(State)		
	REMOVAL (Specify burial	9-9-57	Woodlaw	1			Balt	timore			Md.		
2	3. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			240 AECE	AY REGIST	RAR 245/REGIS	TRAR'S SIGN	PATHE			

Fred W. Kraiss Hagerstown, Md. SAM. 10, 1957 BEAST HOOCERS

BUREAU V. T

SECEINED

CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed. a. COUNTY a. STATE b. COUNTY MARYLAND SHINGTON ORCHI d be fi CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. ETT OR TOWN (If outside corporate/limits, write RURAL and give nearest town) URAL and give nearest fawn) the fund RINGS GERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RES DENCE 81 ON A FARM? ASHINGTO YES NO NAME OF First Middle 4 DATE Lost Month Year Doy DECEASED OF (Type or print) TEORGE DEATH 195 415 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 17 DATE OF BIRTH 9. AGE (in years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours Mín. WIDOWED [DIVORCED 19a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State appreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup 13. FATHER'S NAME ofter 14 MOTHER'S MAIDEN NAME 06 RGIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address NO KEIL 18. CAUSE OF DEATH [Enter only one couse pen line for (a), (b) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underonsit lying cause last. CATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) YES NO MEDICAL 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (State) (County) factory, street, affice bldg, etc.) Haur a.m. While Not while at work at work 21. I certify that I attended the deceased fram Lithat I last saw the deceased alive an_ death accurred from the causes and an the date stated above. DATE SIGNED **ACTUAL** SIGNATURE 2 2 PHYSICIAN'S Dr. A. M. Bacon Jr. NAME (Type) DATE PHEREON 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, tayin, or county) MOVAL (Specify) PRECIUM O FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 26. REGISTEAR'S SIGNATURE VS A15 (4) 15M 9/55

deoth.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

2Eb 18 1025

BECEINED

			MARYL	AND STA	TE DEPARTM	ENT OF HEALT	H-BALTIN	AORE, 18	099	59
-			99	63	CERTIFIC	ATE OF DEAT	H	Re	g, Dist, No.	302
(M	1. 1	LACE OF DEATH	Jashington		MARYLAND	2. USUAL RESIDENCE (W			Residence before	
		RURAL and give n			IGTH OF STAY IN 16	c. CITY OR TOWN (IF			L and give near	est lown)
			Igerstown, Mo		43 yrs.	Rural Hager	rstown, Md	• X2		A DESIDENCE
50		OR INSTITUTION	Route 6	ve silver dooress		Route 6		1	°	ON A FARM? YES NO.
		NAME OF DECEASED	Firs		Middle	last	4. DATE OF	Month	Day	Year
	S. 5	(Type or print)	EDNA		VIRGINIA	WELTY	DEATH	Sept.	13	19 57 IF UNDER 24 HRS.
_	3	Female	White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Feb.1.1897	Y. Co		onths Days	Hours Min.
	10a			Table 1			ar foreign country		12 CITIZEN OF	WHAT COUNTRY?
- /1	Н	ousewife &	Resturant	Operator	·	Rockinghs	am County	,Va.	U.S.	Α.
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	16		. Pittington		SECURITY NO. 17.	Evelyn		Address		
0	(Yes	no, or unknown)	(If yes, give war or dates of se	rvice)		Russell S.We	elty R #		rstown,	Md .
			ATH [Enter only one cal			C A	10	0 1100		VAL BETWEEN
			ATH WAS CAUSED BY:		retral	Ents	rusi		ONS	T AND DEATH
		422.1	DUE TO	7	2 - 0	46	di Vo		0	-
		Conditions, if a	ny, which) (b)	w	erros cl	usu ca	WYGO	, and k	stone.	1 x m
		catse (a), stating lying couse last.								. 0
	NO		HER SIGNIFICANT CONE	DITIONS CON R	UTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE COI	NDITION GIVEN I	N PART 1(a) 19	. WAS AUTOPSY
0	CATI			Low						PERFORMED?
	CERTIFI	20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of	item 18.)		
- 1	MEDICAL	20c. TIME OF INJUI	RY Month, Day, Yeo			ACE OF INJURY (Home, forectory, street, affice bldg., ex	m, 20f. (City or to	wn)	(County)	(State)
	ME	p. m.	19		at while					
		21. I certify t	at I attended the	deceased fro		1930 ta	Jahr.			w the deceased
		alive an	J. C	0154	and that death	occurred at land	M, fram the	e causes and	an the date	
1		ACTUAL SIGNATURE	773	erc	eg	M.D.	ADDRESS (Street,	city or town, state	MA	DATE SIGNED
		PHYSICIAN'S NAME (Type)	Jack H.Beac	hley	M.D.	221 W.Was	shington	St. Hage	rstown,	Md.
	220	BURIAL, CREMATIC REMOVAL (Specify Burial	9/16/57		Rest Haver			(City, town, or co	**	(Stote) Md.
1/4	23. Re	st Haven	's signature Funeral Cha	pel In	DDRES1601 Per	ma. Ave. 240. AEC	BY REGISTRAR	24b. REGISTRA	R'S SIGNATURE	coss
A	-	10	17.	11	Hagerstov	Ma. No.	7,100,14	My man	16/00	

TEL L. CALL m 1914 out a south BUREAU V. & 256 18 1957

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	MARY	AND ST	ATE DEPARTM	ENT OF HEAL	TH-BAL	TIMORE, 1	8 110	196	0
	994	8	CERTIFICA	ATE OF DEA	TH		Reg. Di	st. No.	302
1. PLACE OF DEATH o. COUNTY	Washington	n	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceose	d lived. If instituti b. COUNTY	on: Residen		odmission)
RURAL ond give	(If outside corporate limi nearest town) erstown		ength of stay in 16 33 years	c. city or town	(If outside corporation)		URAL and s	give neor	est town]
d. NAME OF HOSE OR INSTITUTION	TAL (If not in hospital, g	ive street oddre		1001 Se		Road		•	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Caro.	line	Middle	Yonger	4. DATE OF DEATH	Mon S	ept.	l,	Year 19 57
female	6. COLOR OR RACE White	7. MARRIED E	NEVER MARRIED	Sept. 17,	1888	9. AGE (In years lost birthdoy) 68 yrs.	Months	I YEAR	Hours Min.
during most of we HOUSE	ION (Give kind of work of triking life, even if relired WII &	Own	OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (SI Austr:		country)		ust	ria
13. FATHER'S NAME	Jon Tcharı			14. MOTHER'S MAIDE		olkavitz	3		
15. WAS DECEASED EN IYes, no. or unknown)	/ER IN U. S. ARMED FOR (If yes, give wor or dotes of to			iss Anna I	Conger	Add Hage		m	Mð.
	EATH [Enler only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Co	(o), (b), and ,(c).]	ia of Pr	Pyto	2	ea	INTE	RVAL BETWEEN ET AND DEATH
Conditions, if gove rise to code (o), statinlying couse last	any, which (b) (b) DUE TO		RIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	'EN IN PAR	T 1(o) 19	. WAS AUTOPSY PERFORMED?
□ OR CONTRIBUTING	VAS UNDERLYING [] IG [] CAUSE OF DEATH BY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Po	rt II of item 1B.)			YES NO P
20c. TIME OF INJU	JRY Month, Day, Yes	White	Y OCCURRED 20e. PL Not while at work	ACE OF INJURY (Home, I ctory, street, affice bldg.,	arm, 20f. (Cit	y or town)	(0	County)	(State)
21. I certify alive an	that I attended the	deceased f	ram. Sep- 7, and that death	19.56, 10 accurred at 71.		m the causes of treet, city or town,	and on th		w the decease e stated abave DATE SIGNED
PHYSICIAN'S NAME (Type)	Robert	V. Ca	mpbell, M.	D. 145	W. Wa	shingto	n St.	F	lagersto
22a. BURIAL, CREMAT	ON, 226. DATE THEREC)F 220	NAME OF CEMETERY C	R CREMATORY	22d. LOCA	TION (City, town,	or county)		(State)

22a. BURIAL, CREMATION, REMOVAL (Specify) BULTEL Rose Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE

Scott

Y Hagerstown
240 REC'D BY REGISTRAR 246 R

24b, REGISTRAR'S SIGNATURE F. Minnich & Son, Hagerstown, Md

where it is not a seen the said to see the second of BUREAU V. " 0 deb Scote . . Lingion & Jon, He correspond Melake